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MISSISSIPPI MEDICAL MONTHLY

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

EDITED BY

E. F. HOWARD, B.S., M.D.

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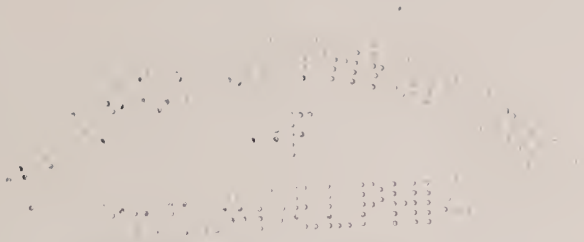
VOLUME XIII.

May 1908 to April 1909.

VICKSBURG, MISSISSIPPI.

UNIVERSITY OF CALIFORNIA



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SEP 24 1909

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OF
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THE HOME TREATMENT OF PULMONARY TUBERCULOSIS.

JOHN E. ELLIOTT JR., M.D.,

NEW ORLEANS, LA.

GENTLEMEN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION:

I wish to thank the Chairman of your Section on Medicine for giving me the opportunity of appearing before you.

I have chosen as my subject "The Home Treatment Of Pulmonary Tuberculosis", a subject as old as medicine, yet one that comes forward in new garb every decade. This subject has been forced upon me in the past few years by the numerous cases both in hospital and private practice that I have seen passing through New Orleans on their way west, expecting there to find health and returning strength from out-door life in a dry climate—most of them totally unprepared either physically or financially to withstand the hardships and expense of a thinly settled country. Some return cured—the majority either never, or only to pass their last few moments at home.

Two years ago I saw the work of Cabot, Hawes and others in Boston. By means of classes and lay-helpers, tubercular patients were being taught how to live hygienically, how to eat, sleep, rest; in fact, how to overcome right at home their infection—all of this under climatic conditions most adverse from a theoretical standpoint.

The contrast between the two pictures is one never to be forgotten—in the first banishment from home, friends and every interest in life, all for the sake of climate; in the second, poor climate but family, congenial or at least accustomed work, and no fear of nostalgia.

I advocate, therefore, strongly the plan of home treatment of pulmonary tuberculosis, no matter where one may live, whether in the Mississippi bottoms or on the Gulf coast, because I know that the recovery from or arrest of the tubercular focus is not entirely a matter of heat or cold, moisture or dryness; in other words, that climate is not by any means the first essential in the cure of tuberculosis.

I do not mean to affirm for one instant that a damp climate is better than a dry climate or that a wealthy consumptive should live in a swamp when he can live in Arizona, but I do affirm that, for the vast majority of our patients, it is better to sacrifice climate rather than the other more important factors in the treatment of the disease. The main requisites for the treatment are air, rest, food. Given a case of pulmonary tuberculosis in the second stage, with afternoon rise of temperature, we should proceed as follows: visit patient's home or have him draw a diagram of same; pick out the room which has the greatest number of openings, and preferably one opening on a gallery and facing south, have the gallery enclosed with wire mosquito netting and boarded up for two or three feet above the floor; on the inside of the wire have awnings which can be lowered in rainy weather; here the patient should remain day and night in bed, no matter how cold it may be; skull caps should be worn, and thick under- and night-clothes; bed pan and urinal should be used if possible, otherwise patient would have to be rolled into the house for bathing or bowel movement. It is not necessary to give the daily bath; sponging twice a week is sufficient. If there be no gallery, choose the largest and best ventilated room and insist on all windows being left wide open night and day; if you are forced to use a room with only one window use the inside awnings which make the patient practically out of doors.

As to staying in bed, I think it has been proven absolutely that as long as the tubercular patient has fever he should be at rest in bed; if you allow any getting up, you will soon lose all the good effects which the enforced rest has brought about, and if you convince your patient that motion increases temperature and that increased temperature means lessened digestion and greater lung destruction, you will have no trouble in enforcing this necessary rule.

Having settled the open-air and rest question, we should then insist on the following plan of forced feedings:

Breakfast 7–7:30 a.m. Two slices bacon, two soft-boiled eggs; large plate of hominy and butter, toast and butter, coffee or cocoa as desired.

10 a.m Large glass of milk and two raw eggs.

Dinner 1 p.m. Rare beef-steak or roast or mutton, baked Irish potato, one green vegetable or boiled onion—any dessert of egg and milk or ice-cream.

4 p.m. Large glass of milk and two raw eggs.

Supper 7 p.m. Plate of hominy and milk, or milk toast with cream or butter; cocoa or weak tea; any stewed or baked fruit.

9:30 p.m. Glass of milk and two raw eggs with one ounce of whiskey or brandy.

Here again you may say I am too dogmatic and give too little latitude to the patient's likes and dislikes, but unless you are dogmatic you accomplish nothing.

I have yet to meet the patient who cannot stand this stuffing, for that is just what we are doing. To aid digestion and force an appetite, I frequently give nux vomica before meals in sherry and often use dilute hydro-chloric acid after meals.

This method of treatment for pulmonary tuberculosis has not only an empirical reason for its success but is based on scientific principles. The constant supply of fresh air means thorough oxygenation of the blood, freer flow of blood through the capillaries of the lungs, and therefore increased phagocytosis at the point of attack of the bacillus. The enforced rest takes work off the heart, lessens tissue destruction and gives nature, which means in this case the immunizing bodies of the blood, a chance to neutralize the toxins generated by the bacillus. The forced feeding stimulates all the blood-making organs and so throws into circulation constant supplies of fresh red blood-corpuscles and opsonins to replace destroyed tissue and prepare the bacilli for ingestion by the leucocytes.

The question of exercise is one requiring no consideration until the afternoon temperature has reached normal or 99° F. for at least one week, then a rolling chair should be used for one week, then moderate exercise, say one hundred yards walk for the first day and gradually increasing, letting our thermometer be the guide as to whether or not injury or good is being accomplished.

I have said nothing so far as to medication, for I believe absolutely that the above-mentioned method of treatment is far ahead of any other plan yet developed and will bring success if carried out boldly, and without any regard whatsoever to the wishes or whims of family and friends.

I have faith in one other plan of treatment for pulmonary tuberculosis, i. e. the use of small doses of tuberculin given for several months as is taught and practiced by Trudeau, Lawrason Brown and associates at Saranac Lake; but here again, rest, out-door-life and forced feeding are just as essential as if no tuberculin was being used. Trudeau *(Am. Journ.*

Med. Sciences, June 1907) and Lawrason Brown (Vol. III Oster's *Modern Medicine*) give all the data necessary to the carrying out of this plan of treatment.

The conclusions reached in these two excellent articles are, in substance, as follows:

1st: That in all acute cases and advanced cases with active symptoms, tuberculin should not be used until, by the rest and open-air treatment there has been a marked arrest in the activity of the tubercular process.

2nd: "That the chronic non-febrile or slightly febrile type, whether incipient or advanced, will derive more or less benefit from tuberculin immunization."

3rd: That it is always wisest to begin with small doses and give too little rather than too much tuberculin, using 1-1000 milligram of old tuberculin or T. R., if these be preferred, and increasing slowly at four or five day intervals; any reaction calling for cessation of treatment until all symptoms have subsided, and then begin again with the minimum dose.

I have made no mention of the innumerable preparations of cod liver oil, creosote, fat emulsions, etc., ad nauseam, because these have no properties nor do they produce any results which cannot better be produced by rare meat, eggs and milk.

The numerous complications and their treatment I will not touch upon, but I do wish that each one of you try amyl nitrite in the treatment of haemoptysis—it has given real results. Every general practitioner is or should be a teacher as well as a treater of his patient, and on the subject of tuberculosis especially should there be a thorough understanding between physician and patient. The thousand and one frauds and fallacies concerning tuberculosis which are advertised in the daily papers should be dammed and re-dammed year in and year out by each and every physician until the facts of the rational and scientific treatment of phthisis as outlined shall be known to everyone.

Changes In Address.

Dr. A. J. Jagoe: from Hernando to Clarksdale.

Dr. B. F. McNeal: from Tralake to Ezra.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The forty-first annual meeting of the Mississippi State Medical Association, which was held at Natchez April 14th. to 17th., was eminently satisfactory. While the attendance was only about two-thirds of that of the year previous, at Gulfport, the amount of scientific work accomplished was well up to standard and there were several features injected that will make the occasion memorable. First of these were the addresses of Dr. J. N. McCormack who, both in his heart-to-heart talk with the members of the Association and in his public address, delighted large audiences who listened attentively and appreciatively for a length of time that under ordinary circumstances, and with an ordinary speaker on the stage, would have seemed tiresome. Dr. McCormack is an old friend of the Association, having attended the Vicksburg meeting five years ago, when the Association re-organized, and the *Monthly* but voices the sentiment of the members when it expresses the hope that in future his visits will not be so far apart.

From the social standpoint the Natchez meeting will bear the palm for many a long year. Not within the memory of the writer has there ever been so much done to promote the pleasure of the members outside the meetings, or have there been such excellent arrangements for the meetings. From the presentation to the Association of a handsome gavel by the Adams County Society, through the various courtesies shown the members, which culminated with the lawn fete the last evening of the meeting, the kindly hosts seemed untiring in their efforts—the results of which have formed a bright spot in the history of the Association that will be as brilliant and as unfailing as their own hospitality.

Mississippi State Medical Association.

MINUTES OF THE HOUSE OF DELEGATES.

The House Of Delegates of the Mississippi State Medical Association met in the council chamber of the city hall, Natchez, April 14th. 1908, at 10 a.m., President R. S. Curry in the chair.

On roll-call the following delegates responded:—Beekman of Adams; Weeks of Choctaw; Guthrie and McDevitt of Clarke-Wayne; Ashley, Dye and Coker representing Bolivar, Coahoma and Tunica of the Clarksdale group; Hubbard of Clay-Oktibbeha; Jones of DeSoto; Cox of Harrison, alternate for Folkes; Austin of Holmes, alternate for Christmas; Rehfeldt of Jackson; Shields of Jefferson; Rowland of Lafayette; Feemster of Monroe; McNeil of Newton-Neshoba; Carr of Smith; Ellis of Tate; Jones and Johnson representing Pike and Lincoln of the Tri-County (P. L. C.) Society; Berryhill of the Tri-County (M. C. W.); Carter of Tri-County (F. P. G.); Eason of Union, alternate for Cullens; Miller of Washington; Catchings of Wilkinson, alternate for Hagaman.

The following members of the council were present:—Gray of the 1st. District, Bullitt of the 2nd., Brown of the 4th., Williams of the 8th.

The council presented a report ruling that delegates should be received from all counties whether sending reports and dues or not—for this year only, it being expressly stipulated that such action is not to constitute a precedent.

The secretary then read his report as follows:

Vicksburg, Miss., April 14th. 1908.

Secretary's Report to the House of Delegates of the Mississippi State Medical Association:

Gentlemen:—Your secretary regrets that his report must, of necessity, consist rather of things to be done than of things actually accomplished. Owing to his inability to grasp the situation correctly in some instances and to obtain information concerning previous action in others, he has been compelled to spend much time that might have been otherwise employed in studying out the status of affairs, and so is unable to show the results that he had hoped to do. But many things have seemed clearer as the work progressed and therefore he ventures to include in his report a few suggestions regarding the future work and conduct of the Association.

Insurance Resolutions.

Within a week of the Gulfport meeting, the insurance resolutions, that have been so widely noticed, were in type. Copies were sent to every county-society secretary, so far as their addresses could be obtained, and to

the home offices of twenty-seven companies doing business in the state. A list of these companies is appended in the supplement to this report—see Exhibit A. None were courteous enough to acknowledge receipt of the resolutions, but since none of the letters were returned it is to be presumed that they reached their destination.

Committees. On the appointment of the special committee on legislation with regard to a diploma as a requisite for examination by the Board of Health, and of the standing committee on Public Policy and Legislation, and later of a special committee on State Laboratory, their members were notified of the appointments and each was furnished with a copy of the resolution or resolutions on which his committee was expected to take action.

Roll of Members. As part of the work of the *Transactions*, the consideration of the roll of members came up early in the year. Finding that the secretaries of some of the county societies were carrying honorary and unpaid members on their rolls, and being unable to get an itemized statement of the money paid in to the Association for 1907, it was necessary to send the roll of each society back to its secretary for revision. This necessitated a good deal of extra correspondence and delay, and some extra work for the county secretaries, which they cheerfully and promptly performed and for which your secretary desires to publicly express his appreciation. This revision revealed the fact that our rolls had been somewhat padded and reduced our membership for 1907 to 916, a gain of 32 over 1906. Reports to date for this year show 740 members, but it must be remembered that a complete roll cannot be obtained at this time, owing to the fact that the county secretaries are not always prompt in sending in their reports.

Errors in Reports. A glance over these reports shows another source of error, not in the membership but in what is of no little importance—an estimate of the number of physicians in the state. It not infrequently happens that a man living in the jurisdiction of one society takes out membership in another and is reported by the secretaries of both; by one as a member and by the other as a non-member. Or a physician may move from one society jurisdiction to another and appear in the reports from both. Then directly we have this man, in all innocence, apparently leading a dual life, a thing all good doctors ought to avoid. In one instance a man was claimed by three secretaries, he having moved twice in twenty-seven months. Of course there is really no excuse for such a condition of affairs as this, for a county secretary ought to revise his lists oftener than every two years.

Card Index. There is but one way to catch such inaccuracies, and that is by keeping some form of card index of the members. This, properly cross-indexed, will enable us to keep up with all the physicians in the state—members and non-members. The Association has owned such an outfit for some time, it having been bought by Secretary Haralson in 1903, but it has never been put in use. With the assistance of the county secretaries this has been put in fairly decent shape, there being now more than thirteen hundred names on our records, arranged by societies and cross-indexed alphabetically for ready reference. Complete histories of a large number of these have not been

obtained, but these will come in time and by close watching we will eventually be able to trace practically every physician in the state.

Finances. Exhibit B is a statement of the finances of the Association in so far as they have come within the province of your present secretary. This statement is accompanied by vouchers and it is requested that the whole be referred to the auditing committee.

Deaths. The reports of the county secretaries show that we have lost by death six members during the past year. Exhibit C consists of such of the records of these gentlemen as your secretary has been able to collect, and he submits them here to facilitate the work of your mortuary committee.

Charters. Charters have been issued during the year to Claiborne County Medical Society and to a Tri-County Society consisting of the counties Pike, Lincoln and Copiah, by order of the Council—see *Transactions* 1907; and by order of the president, on the certificate that the originals had been lost or destroyed made by the county officers, to the societies in Amite, Attala, Harrison, Jefferson, Lawrence, Perry-Green, Smith and Tate.

Amendments. Exhibit D consists of the amendments to the constitution and by-laws offered at the 1907 meeting at Gulfport. These were submitted to the various component societies in January and are now ready for your consideration.

Constitution and By-Laws. In this connection it should be noted that this Association does not possess an official copy of its Constitution and By-Laws. The original document adopted in Vicksburg in 1903 has been lost. It has moreover been amended many times and in several instances it is impossible to say just what the amendments are. For example, in the minutes of the 1906 sessions of this House (*Transactions* 1906, page 13) we find this remarkable statement: "The Committee on Revision of Constitution and By-Laws made their report and the secretary was instructed to embody changes recommended in the Constitution and By-Laws." It will be noted at first glance that such amendments are illegal both in Constitution and By-Laws, since both require that amendments be tabled a definite length of time, whereas these were voted on immediately. Your secretary could find no definite statement of what these changes were and so has compared the copy printed in the 1905 *Transactions* with those in the 1906 as it may be supposed that the differences in the two editions represent the changes recommended by this committee. Exhibit E is a memorandum of these differences.

As a proof that these irregularities may lead to confusion and misunderstanding, your attention is called to the fact that in many instances the Association has had to be guided by the memory of one or more of its members, and in one instance, two years ago, this House over-rode its written law because two members testified that the original constitution had been altered in a particular point, although this alteration had never been made in any copy as published in the *Transactions*. It is therefore suggested that a committee be appointed to revise the Constitution and By-Laws and have made an official draft of same, which, after being

adopted by this House and signed by the officers thereof, shall become the indisputable law of the Association. These matters are too important to be left to anyone's memory.

Registration. The study of the register of the Gulfport meeting necessitated in its preparation for publication in the *Transactions* revealed a deplorable laxity. At that meeting there were thirty Mississippi doctors who were not members of the Association. Seventeen of the total attendance registered twice and one enthusiastic gentlemen put his name down three times. It may be only a coincidence that all these members guilty of the charge of being repeaters live in dry counties but it is evident that such a condition of affairs could not be permitted to exist and so it was decided to try a different method this year. So your secretary went to New Orleans to study the methods of the Louisiana State Medical Society and has adopted from it what seemed to him best suited to our different conditions.

Transactions. One feature regarding the publication of our *Transactions* seems worthy of notice, the delay in getting the volumes through the press that has been so common in the past. Believing that this is unnecessary, your secretary has ventured to depart from the old custom of waiting until after the meeting to consider this matter and has already secured bids from three houses for the publication of the *Transactions* of 1908. It has been the custom to leave the selection of the publication committee to the newly elected president but it is entirely within the province of this House to elect it, in fact such an election would appear to conform more to the intention of the By-Laws than leaving its appointment to the president, and the committee might hold sessions at once, thereby saving time. In order to further facilitate matters it has been stipulated in the specifications submitted to the competing houses that the successful bidder is to put up an one-hundred dollar forfeit for delivery in sixty days, so there is no reason why the *Transactions* cannot be in the hands of the members by July 1st. Exhibit F consists of the specifications for the work and the original bids of the competing houses.

Southern Medical Association. Your secretary is in receipt of a letter from the American Medical Association, enclosing a copy of the suggested Constitution and By-Laws of branch associations, of which the Southern Medical Association is the one in which we are naturally the most interested, asking that the matter be presented to you. It will be remembered that last year, at Gulfport, this House endorsed the S.M.A. Exhibit G consists of the letter from the A.M.A. and the copy of constitution and by-laws aforementioned.

Records. Finally your secretary desires to call your attention to the fact that this Association is practically without records. This unfortunate condition of affairs is due to the fact that all the records possessed by it were destroyed by fire in 1903 and that not even a file of the *Transactions* published since then has been kept. Your secretary had in his private library a complete file of these publications begining with the 1902 issue, and, through the kindness of Drs. Sutherland, Shepherd, Toombs, Minor, Haralson and Kendrick, has secured a file for the years prior to that, beginning with the issue of 1877. These volumes were, however, not given to the Association but loaned, person-

ally, to the secretary, who has studied them with some care and believes that they contain sufficient material of interest to justify the Association in reproducing them, in part, in the shape of a permanent record or history of the Association. Unless something of the sort is done, by taking abstracts from the *Transactions* and by personal memoirs from some of the older members, the opportunity will pass with the return of these volumes to their owners and in all probabitity will not again return. Your secretary suggests, therefore, that a committee, carefully selected, be appointed to edit a history of this Association, the expense of printing which can be readily met by selling the book by subscription, at cost to members and at an advanced price to others. No estimate can, of course, be made at this time of the exact cost of such a work, but an edition of one thousand copies ought to be marketed for five or six hundred dollars, and fully that number could be sold. Your secretary is so deeply impressed with the importance of the work and the absolute necessity of losing no time in going about it, that he has already collected considerable data and done some work along these lines, all of which is entirely at the disposal of the Association. We should also take some steps towards securing a duplicate of our charter, which presumably was destroyed in Secretary Trotter's conflagration, or take out another, and the custodians of our records should be empowered to provide a safe place for their keeping—a drawer in some safe-deposit vault would not be very expensive—for while accidents will happen in the best regulated offices, there is absolutely no excuse for our having nothing in the way of accumulated records to show for all these years of sacrifice and labor.

Respectfully submitted,

E. F. HOWARD,

Secretary.

Secretary's Report—Exhibit B.

VICKSBURG, MISS., December 31st. 1907.

E. F. HOWARD, Secretary,

In account with the

MISSISSIPPI STATE MEDICAL ASSOCIATION.

DEBITS.

Received from Secretary Fox:		
From Attala	$ 38 00	
Lawrence	10 00	
Lowndes	2 00	
Perry-Green	2 00	
Tishomingo	10 00	
Bolivar	54 00	
Clarksdale and Six Counties	150 00	
Scott	2 00	
Lowndes	26 00	
Rankin	2 00	
Amite	12 00	
Perry-Green	4 00	
Adams	2 00	
Jefferson	4 00	
		$318 00

May 11th. 1907—	Yazoo	$ 4 00
	Tate	24 00
	Jones	16 00
18th.	Jones	6 00
26th.	Tri-County (M. C. W.)	2 00
June 2nd.	Simpson	2 00
	Prentiss	26 00
	Chickasaw	26 00
10th.	Perry-Green	2 00
July 5th.	Perry-Green	2 00
	Lauderdale	2 00
10th.	Hinds	4 00
15th.	Perry-Green	4 00
Oct. 8th.	Sale one copy *Transactions*	1 00
12th.	Perry-Green	2 00
19th.	Lowndes	2 00
29th.	Tishomingo	2 00
Nov. 19th.	Clarksdale and Six Counties	6 00
		$451 00

CREDITS.

Paid Treasurer J. F. Hunter, as per attached vouchers.....$451 00

E. F. HOWARD,
Secretary.

Transcript From Books Exhibited to Committee.

VICKSBURG, MISS., April 14th. 1908.

E. F. HOWARD, Secretary,
In account with the
MISSISSIPPI STATE MEDICAL ASSOCIATION.

March 10.	Received from	Leflore	$ 32 00
11.		DeSoto	20 00
15.		Claiborne	20 00
19.		Lafayette	22 00
23.		Union	26 00
26.		Wilkinson	14 00
		Smith	16 00
		Jefferson	20 00
29.		Grenada	12 00
31.		Issaquena	8 00
		Scott	18 00
April 1.		Adams	32 00
		Jefferson	4 00
		Sharkey	18 00
		Yalobusha	16 00
		Tri-County P. L. C.	102 00
		Grenada	4 00
		Hinds	74 00
		Clay-Oktibbeha	48 00
2.		Lauderdale	48 00
		Choctaw	22 00
3.		Clarke-Wayne	22 00
		Newton-Neshoba	46 00
4.		Jackson	26 00
		Noxubee	16 00
		Panola	24 00
5.		Lee	20 00

April	5.	Yalobusha	$ 4 00
		Panola	2 00
	6.	Washington	54 00
	7.	Rankin	18 00
		Claiborne	2 00
		Perry-Green	62 00
	8.	Rankin	2 00
		Franklin	12 00
		Amite	10 00
		Noxubee	2 00
		Lawrence	22 00
	9.	Pontotoc	24 00
		Clarksdale and Six Counties	164 00
		Lee	2 00
		Simpson	16 00
		Harrison	52 00
		Jackson	2 00
	10.	Rankin	2 00
		Madison	14 00
		Jones	46 00
		Warren	42 00
		Harrison	2 00
		Tate	24 00
		Prentiss	34 00
		Holmes	46 00
	11.	Scott	2 00
		Covington	20 00
	12.	Tri-County M. C. W.	42 00
		Lowndes	26 00
			$1,480 00

CREDITS.

Checks on exhibit	$ 68 00
Deposit Delta Trust and Banking Co. (Bank book on exhibit)	1,412 00
	$1,480 00

On motion of Rowland of Lafayette, the report was received and referred to a special committee to be selected by the chair. Chair appointed on this committee:—Rowland of Lafayette, Catchings of Wilkinson, Hubbard of Clay.

The report of the publication committee was read by the secretary as follows:

VICKSBURG, MISS., June 3rd. 1907.

The publication committee met in Vicksburg, Miss., June 3rd. 1907, at 4 p.m., all members being in attendance.

After carefully canvassing the papers presented to the Gulfport meeting of the Association the committee recommended the publication of all except two: *Treatment Of Tuberculosis* by Dr. Paul Paquin of Asheville, and *Technique Of Appendicostomy* by Dr. J. A. Crisler of Memphis. The paper of Dr. Paquin was published in the May, 1907, issue of the *Memphis Medical Monthly*, a footnote indicating that it had been read before the Mississippi State Medical Association. That of Dr. Crisler is practically identical, in the greater part being a verbatim copy, with one read by him before the 1906 meeting of the Tri-State Association and published in the March issue of the *Memphis Medical Monthly*.

The committee received bids from Messrs. S. C. Toof & Co., Memphis, who printed the *Transactions* last year, and the Mississippi Printing Co., of Vicksburg. Messrs. Toof & Co. bid $2.26 per page for three hundred and twenty pages and $1.85 per page for additional pages, one thousand copies. Mississippi Printing Co. bid $2.00 per page for three hundred and twenty pages and $1.80 for additional pages. The bids for jackets and wrapping were identical, $16.50. Your committee let the contract to the lowest bidder.

E. F. HOWARD,
H. H. HARALSON,
J. F. HUNTER.

On motion of Coker of Tunica, the report was received and adopted.

Beekman of Adams offered the following resolution from the Adams County Medical Society:

NATCHEZ, MISS., April 13th. 1908.

Resolved, that the delegate from this society be instructed to introduce into the House of Delegates a resolution endorsing the purposes of the International Congress of Tuberculosis to be held in Washington, D.C., and that the State Association be requested to appoint delegates to represent the Association in this Congress.

That a copy of this resolution be transmitted to the Governor of Mississippi.

J. S. ULLMAN,
Sect'y Adams County Medical Society.

On motion of Rowland of Lafayette, the House endorsed this resolution and the appointment of delegates was left with the incoming president.

The chair appointed the following members on the auditing committee:—Johnson of Lincoln, Ellis of Tate, Jones of Pike.

The following were selected as a nominating committee:—1st. District, Dye of Coahoma; 2nd., Jones of DeSoto; 3rd., Eason of Union; 4th., Hubbard of Clay; 5th, Austin of Holmes; 6th., no representation; 7th., McNeil of Newton; 8th., Guthrie of Clarke; 9th., Catching of Copiah; 10th., Carter of Forrest.

Consideration of the constitutional amendment offered by Wright of Panola at Gulfport was postponed on motion of Councilor Bullitt.

The following amendment to by-laws offered by Wright of Panola at Gulfport was rejected on motion of Eason of Union:

"Addition to by-laws 'Chapter V, Section 5. No member elected to the State Board of Health by the Association may succeed himself.'"

The House then adjourned and re-convened at 8 a.m., April 15th., Vice-President Shands in the chair.

The following delegates, who had been absent from the first session, reported:—Brougher of Quitman and Robertson of Sunflower, from the Clarksdale group; Davis of Covington; McLean of Hinds; Christmas of Holmes; Alford of Jones; Haralson of Warren. Counselor Coker of the 5th. District also reported.

Haralson of Warren was added to the nominating committee and Christmas replaced Austin.

On motion of Rowland of Lafayette, Jackson was selected as the place of the next meeting and the date fixed, second Tuesday in April 1909.

The change in constitution offered by Wright of Panola at Gulfport was brought up for consideration:

"*Resolved* that the Constitution, Article VIII, Section 3, be amended to read 'at the evening session of the first day,' instead of 'on the morning of the last day.'"

On motion of Haralson of Warren, this was tabled.

On motion of Alford of Jones, a committee of five was selected to consider a plan for nomination of officers. Chair appointed on this committee:—Alford of Jones, Rowland of Lafayette, Armstrong of Lawrence, Haralson of Warren, Ellis of Tate.

Dr. E. A. Rowan of Wesson was accorded the courtesies of the floor and addressed the House.

The House then adjourned and re-convened at 2 p.m., Vice-President Shands in the chair.

The committee to consider plan for nomination of officers reported as follows:

To The House Of Delegates:

We, your committee appointed to investigate and advise as to the manner of electing officers, recommend that it would seem to the best interest of our association to abolish the Nominating Committee and elect all future officers of the Association by nomination and ballot in the House of Delegates, and suggest that the By-Laws be so amended to read as follows:

Strike out Chapter V, Sections 2, 3 and 4, and insert instead:

Section 2. The House of Delegates shall elect all officers by nomination and ballot, said nominations to be made upon the floor, and not more than five minutes be allowed in making each nomination. All by-laws in conflict with this amendment are hereby repealed and the amendment is to go into operation immediately upon its passage.

J. M. ALFORD, Chairman.

The report was received and the committee discharged, the suggestions contained in the report being made the special order of business for the afternoon session April 16th.

The House then adjourned and re-convened at 8.30 April 16th., Vice-President Sessions in the chair.

The auditing committee reported; report was referred back for further investigation on one point on which the committee had not been able to obtain information.

Miller of Washington and Alford of Jones offered the following constitutional amendment:—

Resolved that the constitution be so amended that the election of officers shall take place on the afternoon of the day previous to the day of adjournment on the floor of the House of Delegates.

J. M. ALFORD.
H. R. MILLER.

The House then adjourned and re-convened at 2 p.m., Vice-President Sessions in the chair.

Crisler took his seat as proxy for Darrington of Yazoo, Waldauer as proxy for Haralson of Warren.

Rowland of Lafayette presented the report of the committee to which was referred the secretary's report:—

MR. PRESIDENT:

We, your committee on report of the Secretary, beg leave to submit the following:

1. We desire to most heartily commend the work of the Secretary of this Association, Dr. Howard. His clear insight into the workings of this body; his thorough knowledge of every detail connected with the business of this Association, prove the wisdom of this body in electing the Doctor to this important place, and we think the thanks of the Association are due Dr. Howard.

2. We recommend that all matters for legislative action be referred to the Standing Committee on Legislation for final disposition.

3. We recommend that the Secretary be appointed to revise the Constitution and By-Laws and report at the ensuing meeting in 1909 for final adoption.

4. We endorse the Constitution and By-Laws of the Southern Medical Association.

5. We recommend that a committee be appointed to edit a history of the Association, in accordance with the plan suggested in the Secretary's report.

6. We recommend that the Secretary be instructed to take immediate steps to secure a new charter.

7. We recommend that the Secretary take immediate steps to secure a safe repository for all the records of the Association.

C. E. CATCHINGS,
W. D. HUBBARD,
P. W. ROWLAND.

On motion of Catchings of Wilkinson, the report was accepted. On motion of Councilor Bullitt, the recommendations contained therein were adopted.

The auditing committee, through Johnson of Lincoln, presented the first section of its report, which was adopted on motion of Jones of Pike.

NATCHEZ, MISS., April 15th. 1908.

TO THE MISSISSIPPI STATE MEDICAL ASSOCIATION:

We, your committee appointed to audit reports of Secretary and of Treasurer of State Association, beg to submit that we have examined the books of Secretary and find same correctly kept and vouchers to cover report.

We recommend that accounts submitted for approval be ordered paid, as follows: Clarke & Co., $3.55; Columbus Dispatch, $8.00; E. F. Howard (stamps, etc), $52.31; M. C. Lilly & Co., $31.75; Mississippi Printing Company (circulars and programs), $84.00; account C. M. Coker, $14.25, expenses as councilor; account S. W. Johnston, $3.00, expenses as councilor; account J. B. Bullitt, $23.40, expenses as councilor.

JNO. H. JOHNSON,
M. C. ELLIS,
D. W. JONES, Secy.

Vice-President Sessions called Councilor Williams to the chair.

The report of the council was read by Councilor Bullitt. On motion of Waldauer of Warren, same was received and suggestions contained therein adopted:—

NATCHEZ, MISS., April 14th. 1908—9 A.M.

The Council was called to order by Chairman Williams. Present, Drs. Bryan, Brown, Gray and Bullitt.

Dr. Howard, secretary of the Association, presented applications for charters from Franklin, Lee, Tippah, Union, Yalobusha and DeSoto County Societies and from the Tri-County Society of Montgomery, Carroll and Webster. Several of these counties had been organized for several years and had been doing work in the Association, but through some error in the office of former secretaries their charters had never been issued or, if issued, had been lost and there was no record of their having been issued.

Dr. Howard further reported that in the past many doctors had been registered at our meetings as members, though not members of these county societies, and that he feels that the duties of his office demand that he refuse to register any physician whose name has not been duly sent him by his county society's secretary in the official roster of the county society. Pursuant upon this he has declined to register several members and delegates whose county societies have failed to send any report or list of their members. He requests from the Council some instructions in this matter.

The Council commends Dr. Howard for his attitude upon this question, but instructs him that for this present meeting of the Association such members and delegates be registered and given the privileges of this meeting even though their county societies have failed to send in their reports. It further instructs him that in the future no members or delegates be seated unless their names have been duly reported by their county secretaries, or unless they present to him a receipt for membership dues duly signed by their county secretaries. Members so seated shall have all the privileges of the meeting but shall not be entitled to a copy of the Transactions until their membership dues shall have been received by the secretary of this Association.

Dr. Gray reports that the Bolivar County Society in his district (First) has become defunct and that the members have been divided between the Washington County Society and the Clarksdale and Six Counties Societies, their official representation being in the latter society, with which they were connected by their former charter.

D. J. WILLIAMS, Chm.
JAMES B. BULLITT, Secy.

NATCHEZ, MISS., April 15th. 1908—2 p.m.

The Council convened at the call of Chairman Williams. Present: Drs. Williams, Gray, Coker, Brown and Bullitt.

Relative to the ruling made by the Council yesterday in regard to the registering of members, the Council recommends that the following clause be added to Section 2, Chapter IX, of your By-Laws:

* * * "unless such members shall present to the secretary of the Association an official receipt for his annual dues, signed by the secretary of his county society, which receipt shall entitle him to registry and to all the privileges of the meeting, but shall not entitle him to a copy of the Transactions until the secretary of the Association shall have received his annual dues."

It was moved and carried that Webster County Society be transferred from the 4th to the 5th Councilor District.

It was moved and carried to grant charters to the County Societies whose applications were received yesterday, namely: Franklin, Lee, Tippah, Union, Yalobusha and DeSoto counties, and the Tri-County Montgomery-Carroll-Webster; such charters to be granted upon the surrender of the old charters in the case of those County Societies now possessing charters.

Upon motion the Council adjourned.

DANIEL J. WILLIAMS,
Chairman.
JAMES B. BULLITT,
Secretary.

Action on recommendations of the committee on plan of nomination of officers was deferred until next session.

The auditing committee presented the second section of its report through Johnson of Lincoln:

NATCHEZ, April 15th.

TO THE MISSISSIPPI STATE MEDICAL ASSOCIATION:

We, your committee appointed to audit reports of Secretary and of Treasurer of State Association, beg to submit that we have examined the report of the Treasurer for 1907-08, and find vouchers to correspond with same, except for one item, viz: a credit of $85.00 "by error of former report." We find no voucher for same.

JNO. H. JOHNSON,
M. C. ELLIS,
D. W. JONES, Secy.

Treasurer's Report.

1906	Balance last report			$ 222 02
1907.				
June	Amount received from Dr. L. T. Fox, Secy	$ 100 00		
April 10.	Amt. received from Dr. L. T. Fox, Secy	1,232 50		
April 26.	Amt. received from Dr. L. T. Fox, Secy	318 00		
May 3.	Check rec'd from Dr. L. T. Fox, Secy	81 50		
May 3.	Two checks rec'd from Dr. L. T. Fox	76 00		
May 11.	Check rec'd from Dr. E. F. Howard	44 00		
May 27.	Check rec'd from Dr. E. F. Howard	8 00		
June 3.	Check rec'd from Dr. E. F. Howard	2 00		
June 4.	Check rec'd from Dr. E. F. Howard	26 00		
June 6.	Check rec'd from Dr. E. F. Howard	26 00		
July 5.	Check rec'd from Dr. E. F. Howard	6 00		
July 11.	Check rec'd from Dr. E. F. Howard	4 00		
July 16.	Check rec'd from Dr. E. F. Howard	4 00		
Oct. 11.	Check rec'd from Dr. E. F. Howard	1 00		
Oct. 29.	Check rec'd from Dr. E. F. Howard	4 00		
Nov. 1.	Check rec'd from Dr. E. F. Howard	2 00		
Dec. 21.	Check rec'd from Dr. E. F. Howard	6 00		1,941 00
				$2,163 02

DISBURSEMENTS.

April 15.	Dr. E. F. Howard, with exchange	$ 3 85	
April 15.	Dr. W. W. Crawford	45 75	
May 1.	Dr. L. T. Fox	381 42	
May 9.	Miss Jane Brunson (reporting meeting)	100 00	
Oct. 20.	Mississippi Printing Company	765 99	
	By error in former report	85 00	1,382 01
	Balance on hand		$ 781 01

J. F. HUNTER, Treasurer.

On motion of Waldauer of Warren, the report was received and adopted and the eighty-five dollar discrepancy noted therein left for adjustment by the incoming president and the incoming and outgoing treasurers.

The House then adjourned and re-convened at 12:30 a.m., April 17th., Councilor Williams in the chair.

Roll-call showed forty-five votes in the House as follows: —Beekman of Adams; Howell of Attala; Sadler of Chickasaw; Guthrie of Clarke-Wayne; Ashley, Dye, Brougher, Rob-

ertson and Sanders, representing Bolivar, Coahoma, Quitman, Sunflower and Tallahatchie of the Clarksdale group; Hubbard of Clay; Davis of Covington; Jones of DeSoto; Costley of Franklin; Hood of Harrison; Womack of Hinds; Christmas of Holmes; Scudder of Issaquena; Rehfeldt of Jackson; McNair of Jefferson; Alford of Jones; Rowland of Lafayette; Card of Lauderdale; Alford of Lawrence; Holloman of Leflore; McNeil of Newton; Lowery of Pontotoc; Peek of Scott; Kennedy of Simpson; Ellis of Tate; Jones, Johnson and Little of the P. L. C. Tri-County Society; Barksdale of the M. C. W. Tri-County Society; Pierce of Tippah; Donald of Forrest; Eason of Union; Waldauer of Warren; Miller of Washington; Catchings of Wilkinson; Crisler of Yazoo; the following councilors: Gray, Bullitt, Johnston, Williams; and the secretary.

Dye of Coahoma and Catchings of Wilkinson offered the following amendment to by-laws:

"*Resolved* that the by-laws be amended so as not to debar delegates from election to any office."

Delegate Jones of Pike was called to the chair.

The nominating committee reported as follows:

NATCHEZ, MISS., April 17th. 1908.

TO THE HOUSE OF DELEGATES:

Your Nominating Committee begs leave to make the following report:

After a careful investigation we have made the following nominations for officers for the ensuing year:

For President: R. D. Sessions, Natchez; P. R. Brown, West Point; J. W. Gray, Clarksdale.

For Vice-President: J. B. Bullitt, University; R. M. Donald, Hattiesburg; T. B. Holloman, Itta Bena.

For Secretary: E. F. Howard, Vicksburg.

For Treasurer: H. L. Sutherland, Rosedale.

For Councilor Ninth District: J. S. Ullman, Natchez.

For Councilor Tenth District: P. A. Carter, Hattiesburg.

For Delegate A. M. A.: H. L. Sutherland, Rosedale.

For Alternate: B. L. Culley, Jackson.

T. M. JONES, Chairman.
T. M. DYE, Secretary.

The report was received and the committee discharged. The House then proceeded to the election of officers.

J. W. Gray of Clarksdale was elected president on the first ballot, and on motion of Beekman of Adams this was made unanimous.

Ballots for the vice-presidents, the secretary, the treasurer, the councilors and the delegates to the A. M. A. were cast by the chairman on the order of the House.

Resolution of the committee on a plan for nomination of officers was taken under consideration and adopted.

Councilor Gray tendered his resignation, which was accepted, T. M. Dye of Sherard being elected to the vacancy. Councilor Bullitt tendered his resignation but on the earnest plea of D. J. Williams, president of the Council, the House declined to accept it.

On motion of Christmas of Holmes, the House voted to pay the secretary five hundred dollars per annum.

On motion of Rowland of Lafayette, the thanks of the Association were extended the Adams County Medical Society and the citizens of Natchez for the many courtesies extended.

The House then adjourned *sine die*.

E. F. Howard,
Secretary.

Book Reviews.

Medical Gynecology by Howard A. Kelly, A.B., M.D., L.L.D., F.R.C.S. (Hon. Edin.) Professor of Gynecological Surgery in the Johns Hopkins University and Gynecologist to the Johns Hopkins Hospital, Baltimore, etc. One hundred and sixty-three illustrations. D. Appleton & Co., New York. Price $6.00.

While a great deal of gynecological work must of necessity be referred to the specialist, and a still greater part can best be done by the man who has hospital facilities at his command, there still remains much for the general practitioner, work that can not only be done by him but best be done by him, and it is of this work that Dr. Kelly treats in the book under consideration. This "Medical Gynecology" is a companion book to the "Surgical Gynecology" by the same author and is an entirely new work giving, with that care and detail so characteristic of its distinguished writer, the various procedures that have shown the best results in his hands in those conditions that must be and should be handled by the general practitioner. It is indeed one of those books whose absence renders the physician's library incomplete.

MISSISSIPPI MEDICAL MONTHLY

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PRESENTATION OF THE GAVEL.

W. H. AIKMAN M.D.,

NATCHEZ.

Mr. President and Members of the Mississippi State Medical Association and our Honorable Guests; Ladies and Gentlemen:

I am a digression from the regular program that I hope you will bear with as I have something to present, other than this address, that I hope will interest you. It came to our knowledge that this association has no gavel and the Adams County Medical Society wishes to present one to the association as a souvenir of Natchez. Being a souvenir, we have endeavored to give to it certain historical associations, believing that these associations will make it of more interest for the reason that all of us are born with a talent for history. For all mankind has attempted history; even rude tribes whose arithmetic would not count five have waged their feeble warfare against oblivion. And thus has history been recorded with quipo cords and precious tapestry, with feather pictures, with wampum belts and mounds of earth, with piles of common stone and carved monuments of marble, with glorious paintings, with scholarly writings, and here in this little wooden mallet we have placed a record of some of the past of Natchez.

As you will note, it is composed of five different pieces of wood, held firmly together by bands of silver, the bands at the ends being expanded at five points to extend over the different pieces of wood. On the expanded surface over each piece of wood, at the end, is engraved the name of the homestead or place where that wood was grown, or whence it came. At the other end, on the corresponding surfaces, are recorded events, names and dates that make these five places notable in our local history. Beginning at the handle, we have a piece of red cedar from Windy-Hill Manor, where that adventurous character of American history, Aaron Burr, was concealed in 1807. Next, a piece of white cedar from a large

tree that grew on "The Briars," where Jefferson Davis was married, February 26th. 1845. Then we come to a section of poplar from "Longwood," where Sargeant S. Prentiss was married on March 2nd. 1842, and where he died July 1st. 1850. When Longwood became the property of the Nutt family, the old Williams house was torn down to make way for the present residence and the material from the room in which Mr. Prentiss was married and that from the room in which he died, was used to build a small cottage in the yard. This cottage is now fast yielding to decay and this piece of poplar came from that cottage. Next a piece of walnut from "Concord," where stood the residence of the last Spanish Governor, Gayoso, this residence being built in 1789. The remaining piece of hickory and the hickory handle grew on "Monmouth," the home of General John A. Quitman, a hero of the Mexican war, and military governor of the City of Mexico, September 14th. 1847, being proclaimed military governor by General Scott in recognition of his valor in being the first to have his troops within that ancient citadel. The record on the central band is of more recent date. It reads: "Presented to the Mississippi State Medical Association by the Adams County Medical Society, 1908." It gives us an additional measure of pleasure to place this token of our goodwill in the hands of the present presiding officer, for whom we have no small degree of admiration, born of our personal acquaintance. We hope this instrument will be useful and we promise to obey its summons.

And now, with no desire to trespass on the official welcomer, I am impelled by the spirit of comradeship to say to you that the Adams County Society welcomes you with open hands and open hearts. We are proud to have you as our guests and we deem it an honor to be a part of your association. We know the zeal with which you work. We know how well you have kept pace with the dominant activity of this age, displaying a genius that knows nothing of impossibilities. And we have an abiding faith in this genius forcing such advancement of medical science and medical philosophy that the imagination may falter in the pathway of achievement.

The International Congress on Tuberculosis meets in Washington, D. C., Sept. 21st. to Oct. 12th. President Roosevelt has accepted the presidency of the body and will occupy the chair in person or be represented by Secretary Cortelyou.

INFANTILE SCURVY OR SCORBUTUS.

P. BEEKMAN M.D.,

NATCHEZ.

In presenting this paper it is not my intention to enter into an exhaustive or lengthy dissertation, as anything akin to this would be an encroachment upon the valuable time of this association. Moreover, being conscious of my shortcomings, both as a writer and as an orator, I feel certain that in a moderate space of time I would have many of you lulled into unrefreshing sleep.

My aim shall be to present to you as concise a paper as possible and at the same time emphasize a few points in connection with this important disease which I hope will be productive of some benefit to all of us.

Infantile scurvy is a disease which I believe is frequently overlooked; or rather a disease whose obscure early symptoms are erroneously interpreted; a disease amenable to proper treatment in its early stages; a disease that is unyielding to anything and everything administered under a fallacious diagnosis; therefore the importance of early and correct recognition.

Infantile scurvy, or scorbutus, spoken of by some of the older writers as acute rickets, is a disease distinctly due to a prolonged error in diet, characterized by general cachexia and marked anemia, associated with swelling about some or all of the joints, and usually, though not always, spongy, bleeding gums and ecchymoses about the affected joints.

Etiology. From the best obtainable statistics more than eighty per cent. of the cases occur between the sixth and fifteenth months, and fifty per cent. of them between the seventh and tenth months. However, cases have been seen in infants less than one month old. The disease is not a respecter of classes, but occurs in all stations of life regardless of hygienic surroundings.

The only etiological factor known to bear constant relation to the production of scurvy is diet.

According to investigations of the American Pediatric Society in 1898, embracing three hundred and seventy-nine cases, the previous food was as follows:

Breast milk in - -	12 cases;	alone in 10.
Raw cow's milk in - -	5 cases;	alone in 4.
Pasteurized milk in - -	20 cases;	alone in 16.
Condensed milk in - -	60 cases;	alone in 32.

Sterilized milk in - - 107 cases; alone in 68.
Proprietary infant foods in 214 cases; alone in —.

Now let us enter into a careful study of the table and see what deductions we can draw from the figures therein contained. It will be seen that proprietary infant foods, sterilized milk and condensed milk stand out in bold relief as possible etiological factors. It will also be noted that the number of cases fed on foods that had not been subjected to heat is represented by strikingly small figures, viz.: ten cases in breast milk and four cases in raw cow's milk.

To make the contrast more striking, place the number of cases fed on raw cow's milk beside the number of cases fed on sterilized milk, viz: four in the former and sixty-eight in the latter.

It is therefore fair to conclude that in the heating of milk incident to condensation, sterilization or dessication, it is robbed of some element which is absolutely necessary for the perfect nutrition of the infant and the prevention of scurvy.

I have for a number of years contended that the prolonged use of milk previously subjected to heat was dangerous as relates to causation of scurvy, though I was unable to explain why. In recent years our chemists have demonstrated the fact that certain chemical changes take place in the sterilization of milk, viz.: some of the milk-sugar is converted into caramel; the lactalbumen is partially coagulated; the casein is rendered less coagulable by rennet; the organic phosphorus is changed into an inorganic phosphate; citric acid is partially precipitated as calcium citrate and some of the lime-salts, which are usually soluble, are converted into insoluble compounds. Certain changes also occur in the fats; moreover certain natural ferments in fresh milk, believed to be of value in digestion, are destroyed. (Holt, *Diseases of Infancy*, p. 150.)

Perhaps the most important chemical change as an etiological factor in the production of scurvy is the precipitation of citric acid as calcium citrate and this may explain why the administration of fruit juices (notably orange juice) acts almost as a specific. It may also be true, that the conversion of the soluble lime-salts into insoluble compounds is the chemical change that so frequently gives rise to the rachitic manifestations present in so many cases of scorbutus.

Demonstrating further the dangerous effects of milk previously subjected to heat for prolonged feeding, is the statement by Holt, and its verification, viz: "Again and again cases of scurvy have been cured by simply ceasing to sterilize the milk."

By again referring to the table you will notice the extremely high percentage of cases occurring in infants fed on proprietary infant foods. You will also note that the table is silent on the number of cases in the column marked "alone". This, no doubt, was omitted because the combinations were too numerous and varied. You will bear in mind that the proprietary infant milk-foods, being essentially sweetened, condensed milks evaporated to dryness, are usually used with water only. Heat has here played its part in the preparation of the food for market. The other classes of proprietary foods are the malted and farinaceous, advertised as milk-modifiers, and are usually used in combination with some form of milk. Now according to Kerley: "The claim that when added to cows milk, 'these proprietary foods increase the liability to scurvy' is without foundation. If the milk is given to the infant uncooked the child will not have scurvy regardless of the nature of the carbohydrate; if the milk is heated to 160° or 170° F., or over the child may have scurvy, regardless of the nature of the carbohydrate."

It is therefore clearly shown that it is not the presence of an excess of carbohydrates, nor the deficiency in proteids that tend to produce scurvy. The more one studies the subject the more forcibly is it impressed upon him that it is the heat, as used in pasteurization, sterilization or condensation of the milk that is responsible for the production of scurvy, rather than the character and proportion of food elements contained in it.

Pathology. The most constant lesions of scurvy are seen in the bones, blood vessels and blood. The bone changes are very similar to those of rickets, viz.: an exaggerated production of cartilage at the epiphyses and an excessive cell growth beneath the periosteum; and ossification progresses slowly, or is entirely arrested, in these new tissues; absorption of the medullary layers may be more rapid than normal. Extravasations of blood beneath the periosteum may be found anywhere in the body, but chiefly in the lower extremities. Intramuscular hemorrhages are frequently observed, also infiltration of the cellular tissue in the neighborhood of the joints. Extravasations in the serous and mucous membranes are also found. The blood shows a reduction of haemoglobin and also a reduction of the number of red cells.

Symptomatology. In order to place the physician on his guard the disease should be divided into the milder and the severer types. A thorough understanding of the milder type is highly essential as the severer type is usually but a conse-

quence of the former, if proper treatment be not pursued.

If you expect to find the usual train of text-book symptoms or await their development before arriving at a diagnosis, you will have lost valuable time and permitted your little patient to progress into the severer type, with its untold agonies and increased difficulties for the accomplishment of a complete cure. This admonition is given with special reference to haemorrhagic symptoms. We all have the words "scorbutus" and "scurvy" so closely associated in our minds with haemorrhages, that we are apt to await this phase of the disease before arriving at a positive diagnosis.

In the milder type a period of fretfulness, indisposition, failing nutrition and pallor precedes the appearance of local symptoms; and we frequently, also, have a derangement of the gastro-intestinal tract. In many cases, however, the first symptom noticed is slight tenderness upon handling the infant; at first the tenderness cannot be definitely localized, but generally by careful examination it will be found more marked about the knees and ankles; some swelling about the ankles is sometimes noticed; profuse sweating about the head is frequently observed and slight feverish attacks of an irrigular type, with lessened appetite, are among the earlier symptoms.

The child now becomes very fretful, sleeps badly and loses weight. All symptoms come on gradually, often with periods of a few days when apparent improvement is seen, only to be followed by a period of progression. At this time changes may be seen in the mouth, although not constant manifestations; the gums are of a deep purplish color, swollen and bleed from pressure, or spontaneously. It is in this early period that the disease should be recognized, as proper treatment at this time will usually bring about rapid improvement and complete recovery.

If the condition is now not recognized and appropriate treatment instituted, the disease progresses to the severer type, the tenderness of the limbs becomes exquisite, causing the child to scream with pain or apprehension; the legs lie motionless, and no voluntary movements can be excited on account of the extreme pain which motion causes, or on account of epiphyseal separation; ecchymoses are frequently seen about any of the larger joints and one may be led into the error that the child has met with an accident; the swelling about the joints, especially the knee, may be so great that the limb may be twice its normal size. The mouth symptoms now are striking—in addition to the swollen, spongy, bleed-

ing gum, dark purple bags may be seen over teeth not yet erupted; there may be bleeding from the roof of the mouth or pharynx.

Blood may be vomited, or passes with the feces or urine, and entero-colitis is usually present. The condition now is one of grave anemia and progressive wasting; the child cries almost constantly and is indeed a pitiable object. Death takes place from a slow asthenia, heart failure or from some intercurrent disease, as broncho-pneumonia.

A few words now in reference to the frequent association of rickets with scurvy. According to the investigation of the American Pediatric Society, symptoms of rickets were present in one hundred and fifty-two cases out of three hundred and forty, or about forty-five per cent. These symptoms were recorded as slight in seventy-two, marked in sixty-four and not specified in sixteen cases that were rachitic; the rickets antedated the development of the scurvy.

Diagnosis. The disease with which infantile scurvy is most frequently confounded is rheumatism. The extreme rarity of rheumatism in infants under one year should make one cautious. Pain and tenderness of the legs only, should invariably suggest scurvy rather than rheumatism.

The disability or pseudo-paralysis of scurvy has often led to a diagnosis of poliomyelitis, but here the pain and tenderness should set one right as they do not belong to poliomyelitis. No difficulty in diagnosis should be encountered by any one who has familiarized himself with infantile scurvy. The extreme soreness of the legs, spongy, swollen gums, swelling near the larger joints and usually a history of the prolonged use of some proprietary infant milk food, sterilized or condensed milk are characteristic points. Should doubt exist this will soon be removed by the administration of an anti-scorbutic diet and orange juice.

Prognosis. The prognosis is invariably good if the disease is recognized early, when the cure is prompt and complete. In the late, severer type, where complications exist, the issue becomes doubtful.

Treatment. There is no disease more gratifying to treat, in the early stages, than scurvy. Discontinue proprietary foods, sterilized or condensed milk as the case may be and substitute fresh cow's milk modified to meet the digestive capacity of the individual case. This alone, in early cases, is often sufficient to effect a cure, but as the disease is such a painful one, the earliest possible relief should be furnished. Orange juice is considered a specific, and as infants take it

with avidity, it should be given in all cases. A teaspoonful at two hour intervals is all that is required.

Improvement is usually noted in twenty-four hours—even the gastro-intestinal symptoms begin to yield—and in many cases complete recovery takes place in five or six days.

On account of the frequent co-existence of rickets and the emaciation and anemia incident to scurvy, it is my custom to administer, in connection with the above treatment, cod-liver oil with hypophosphites.

Before closing I wish to say that it is not my intention to leave the impression that proprietary infant foods, sterilized and condensed milks should never be used. Per contra; they often fill a very important place in certain pathological conditions, and certain infants with feeble digestion must have them.

However, whenever we find it necessary to employ them for a prolonged period, I want to suggest that we make use of a small quantity of orange juice each day as a prophylactic against scurvy.

Conclusions. (1) That infantile scurvy is a disease due to prolonged error in diet.

(2) That the application of heat to milk robs it of some element necessary to the proper nourishment of the growing infant, and that element is probably citric acid.

(3) That it is incumbent upon the general practitioner to recognize scurvy in its early stages, before haemorrhagic symptoms, bony changes and epiphyseal separations take place.

(4) That neither an excess or deficiency of carbohydrate, nor an excess or deficiency of proteids in the food for infants have any bearing, from an etiological standpoint, on scurvy.

In conclusion I wish to thank my friend and colleague Dr. J. S. Ullman, of Natchez, for his valuable assistance in looking up statistics and literature and so forth.

NEURITIS.

M. J. ALEXANDER M.D.,

TUNICA.

Inflammation of the nerves is a disease of much more frequent occurrence than is generally considered, and is many times overlooked and confounded with other painful affections. At this time I wish to deal more particularly and in

a general way with simple intestinal neuritis, an inflammatory condition of the connective tissues of a nerve, embracing the sheath, the perineurium and endoneurium. Being abundantly supplied with blood vessels, this tissue will necessarily be affected by influences which tend to produce disturbances in its circulation. Hyperaemia and inflammation are conditions readily understood to be developed here, from the same causes having the same effect elsewhere. The nerves most usually affected by inflammation are those emanating from the spinal cord, as they and their branches are exposed to causes which may produce neuritis. The etiology of intestinal neuritis is not complex. Trauma of the nerve, of course, is an obvious factor in the production of neuritis, and mechanical injuries to contiguous parts and consequent inflammation of these, may in rare instances affect a nerve trunk by extension. However, it is a well known fact that the nerves are strongly resistant to morbid conditions of adjacent tissues, and when a traumatic neuritis, secondary to injury of neighboring parts, is set up, it is usually through a physical action, as pressure by inflammatory enlargements, rather than a spreading of inflammatory action. A violent blow on large muscles may produce inflammation of the nerve trunk without materially affecting the parts lying between the impact and the nerve. This, no doubt, may be attributed to injury by concussion. Prolonged pressure, continuous or interrupted, exerted directly upon the nerve or through intermediate parts, is an exciting cause for this disease. Violent muscular exertion has been often followed by neuritis. Exposure to cold is considered, by most writers of experience, the most influential agent, aside from traumatism, in the production of inflammation of one or more nerves, and it is very likely that, so called, spontaneous development of neuritis may owe its existence to the sudden chilling of the body exposed to a cold draft of wind. In the course of some infectious diseases, neuritis of more or less severity may be met with, and may persist in a chronic state as the result of such disease. It is not to be overlooked, however, that the depressing influences of alcoholism, syphilis and various diseases reducing the normal health, render the nervous system predisposed to the exciting causes. The gross pathological changes in the affection under consideration are very similar to inflammation elsewhere. In acute cases, hyperaemia of the connective tissue is present, the blood vessels are dilated, and soon swellings, as a result of inflammation-exudates in one or more parts of the nerve, are found, exerting pressure upon the nerve tissue proper, causing the complex symptoms which

characterize this disease. In cases of long standing, those which have assumed a chronic course, the inflammatory products have not been entirely absorbed, but have changed to a fibrinous deposit, leaving the sheath and other connective tissue glued together by adhesive elements, rendering the nerve as a whole less elastic than normal. This condition, it is plain to understand, tends to encourage subsequent attacks of neuritis of the same nerve. When there is much pressure from these inflammatory products for any length of time, serious lesions to the parenchymatous structure of the nerve and permanent harm by degenerative and destructive action may result. I will omit an exhaustive review of the morbid anatomy, as our modern text books are of easy access and may be consulted should a minute study on that subject be desired.

The prominent symptoms of neuritis are disturbances of sensation and motion. Pain may be of the most excruciating and unbearable character, confined to one point of the affected nerve or distributed throughout its entire length, including its branches. When the disease in its acute stage affects a fairly large nerve trunk, the pain comes on slowly, as hyperaemia develops, giving rise to mild warning symptoms, to be followed rapidly, as the disease progresses to its full vigor, by increased and sometimes intense suffering. The pain complained of is by some described as a deep-seated, boring kind, as if the bones were affected. This expression is more especially used when a large nerve of one of the extremities is the seat of the disease. Pressure upon the nerve will elicit pain and, usually, there is either tenderness of the skin near the distribution of the nerve, the slightest touch developing this hyperaesthesia, or there may be cutaneous anaesthesia. Through reflex irritation, painful sensations may develop along the parts supplied by branches of the diseased nerve. Should the affected nerve be composed of motor as well as sensory fibres, *i. e.*, a mixed nerve, there will be added to the pain, variable disturbances of motion. The motor disturbances are as variable as those of sensation. Twitching of the muscles supplied by the affected nerve or its branches has been noticed by me in most cases, and these spasmodic contractions add to the suffering of the patient. The interval between these painful spasms is usually just long enough to keep him disturbed and restless. When the inflammation of the connective tissues is severe, when there is considerable engorgement and swelling of the endoneurium, loss of motion may be almost complete in the corresponding muscles and atrophy of the muscles, due to the lack of proper enervation and nutrition, is a certain result. Sometimes there is actual destruction of the nerve

cells and fibres in the affected portion of the nerve, severing the continuity of the same, thereby causing paralysis of the interested muscles. Cases with mild onset are rarely brought to the physician, and may recover with little or no treatment. When the affected nerve is composed of motor fibres entirely, the only symptom recognized by the affiicted part may be a weakness in the muscles. This may attract very little attention until there is marked atrophy. Improper treatment on account of neglect and carelessless and wrong diagnosis is a fertile cause for many cases drifting into a chronic state with all its results. A neuritis of long standing may subside, leaving a set of muscles useless, through atrophy developed during the existence of the nerve affection.

The diagnosis is, as in all diseases, of the utmost importance, and in the greatest majority of these cases little difficulty will be experienced in recognizing the trouble. But it is not so much a question of a physician's ability to arrive at the correct diagnosis, as it is an indisposition of patients with neuritis to seek medical advice in the early appearance of the disease, and at times if he does a thorough examination is not made. I do not desire that my remarks in this respect be taken as a criticism, as "the cap fits" me as well. We are too prone to dismiss the milder appearing cases, those which do not present very marked sensory or motor symptoms, without a proper examination, prescribing some simple antineuralgic or antirheumatic remedy, which does very little good. Neuralgia and muscular rheumatism can usually be distinguished from neuritis. When the pain of neuralgia is ever so severe, moderate pressure upon the affected parts will nearly always give temporary relief, while the exercise of this act upon the inflamed nerve materially aggravates the suffering. Generally there is, as indicated before, tenderness or anaesthesia over the seat of this disease. The pain of neuralgia is in most cases periodical, while in neuritis it is continuous. When the disease becomes chronic and the intensity of the pain is lessened, it may be confused with muscular rheumatism. The partial or complete atrophy of some of the muscles supplied by the distal portion of the affected nerve, easily distinguishes one from the other. If the diagnosis should at any time be obscure, and this is only likely in the chronic form, it would be best to err in favor of neuritis and treat the case as if the disease were such.

Having eliminated as much as possible whatever might be found to be the causative factor of the disease, absolute rest should be the first and paramount treatment in the acute stage. Internal treatment at this time has, in my experience,

been of little benefit, with the exception of anodynes for relief of pain. Hot fomentations should be used for some length of time, while the patient is kept comfortable and the affected parts at perfect rest. Local irritants are not to be used here. Eliminative treatment, of course, is always indicated in the management of acute inflammatory troubles, and it is to be expected that in this trouble the emunctories of the body are kept in normal and active condition. If a history of syphilis can be made out, the iodides in fairly large doses might be added to the former treatmnt, but it must not be carried to the extent of disturbing the digestive organs. In the greatest majority of cases, the above treatment will either entirely relieve neuritis, or ameliorate the acute symptoms. In the sub-acute stage, small blisters along the affected nerve have given excellent results by hastening delayed resolution. These may be repeated every second or third day. Should the disease assume a chronic character, with partial atrophy of the corresponding muscles, I know nothing better than the galvanic current, say about six to twelve cells of a McIntosh battery, with a view of reducing the inflammatory adhesions in the connective tissue of the affected nerve. To stimulate the atrophied muscles to renewed action, the faradic, in connection with the galvanic current, should be used, but some knowledge as to the proper strength and the location of the different motor points is required for this purpose.

I have had under treatment, during the past month, an elderly negro, who on his first visit displayed the "claw and ape hand." Wrist motion was almost entirely lost and there was an inability at extension and flexion of the fingers. He gave a history of neuritis about three months ago. I believe both the median and ulnar nerves were at fault, and am further of the opinion that while there, no doubt, is a stiffening of the nerve from adhesions in the interstitial tissue, there is no destructive lesion now in the parenchyma, the loss of motion being caused by the pressure of the inflammatory matter on the same, causing atrophy from lack of use during the existence of the disease.

Since the beginning of the treatment, the patient is able to flex and extend his wrist fairly well, and there is slightly increasing motion in the fingers. I am hopeful of a fair recovery in this case. I have not attempted to present to the association an elaborate paper on the subject mentioned, my intention being to put up a frame which should be completed by better workmen, during the course of discussion, and I am quite sure that when the members have finished their criticism, we will have a satisfactory and comprehensive view of neuritis.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

"O, wad some Pow'r the giftie gie us
To see oursels as ithers see us!
It wad frae monie a blunder free us,
And foolish notion."

"The Mississippi State Medical Society met April 14, 15, 16 and 17, at Natchez. There was a large attendance and many excellent papers were presented.

We feel that foreign talent has taken a little advantage of the good nature of the Mississippi profession, as out of eighty-three papers twenty were from Louisiana and Tennessee. State Medical Society meetings are preeminently for the doctors of that particular state, and while it is always both pleasant and instructive for a few papers from the outside to be read, still it is a reflection upon the home talent for doctors from other states to monopolize the time of the convention."—*The Medical Recorder* (Shreveport, La.)

By reference to the *Transactions* for 1906 and 1907 it will be seen that of a total of ninety-five papers presented to the Association, twenty-nine, or over thirty per cent., were read by non-residents of this state. While we are always glad to have these visitors wih us, and properly appreciate the time and care they expend in preparing their always able papers, still this is the *Mississippi State Medical Association* and it is to be regretted that our profession should depend so largely upon non-members to make up an interesting program.

Surely we have able men in Mississippi who can make valuable contributions to medical science, and I call upon the chairmen of the various sections to remind them of their duty in this respect.

JAMES W. GRAY, President.

Letters to the Editor.

SHERARD, MISS., May 5th. 1908

My Dear Dr. Howard:

I met with the Leflore County Medical Society on Monday, May 4th. and we put in operation the postgraduate course of the county work as mapped out by the Medical Association. I believe, in the absence of information, that this is the first county in the state to undertake this course of study.

Cordially your friend,

T. M. DYE.

HATTIESBURG, MISS., April 22nd. 1908.

Dear Doctor Howard:

We were greatly pleased to have Dr. McCormack with us, and to hear him again at the State Medical Association. We feel that his work cannot be over-estimated. There has been a decided result professionally here from his visit—and laymen have been convicted of inattention to medical matters which are for the public good. Our society feels highly honored by his coming and we have a committee now who will report on a Post Graduate Course for us, and I feel sure it will be adopted.

Our society now meets in the Commercial Club rooms every two weeks and we are trying the experiment of bidding off city jail practice for the society in order to create a building fund or a rental fund so as to have a permanent meeting place.

Personally I enjoyed our state meeting at Natchez and feel like we had a good meeting. J. J. STEVENS,

President Forrest County Society.

ROSEDALE, MISS., May 20th. 1908.

Mr. Secretary-Editor:

Would it not be well to call the attention of the chairmen of sections to Chapter IV, Article VII of our By-Laws, latter clause, which reads as follows: "* * * * five years after the adoption of these By-Laws, no voluntary paper shall be placed upon the annual program, or be heard in the Association, which has not first been read in the County Society of which the author is a member, except in case of those invited to read papers by the president or chairmen of sections"? This will be operative next April and should add very much to the interest of our county societies during the interim.

Very truly yours, H. L. SUTHERLAND.

Society Proceedings.

Clay-Oktibbeha County Medical Society met at Starkville, March 26th. Those in attendance were: Doctors Eckford, Montgomery, Stiles, Watkins, Yeats, H. L. Scales, Boyd, Smith, Crumpton, Sam W. Scales, Richardson and Edwards. All the members present had prepared what had been assigned them on the program for this meeting, so there was no lack of interest from the opening until adjournment and, with the exception of the reading of the minutes and some preliminary discussions, all the time was spent in reading and discussing papers. The society endorsed the resolution adopted at the called meeting in West Point Jan. 29th., to-wit: "We the undersigned members of Clay-Oktibbeha County Medical Society, in called session assembled Jan. 29th. 1908, do most respectfully ask the legislature now in session to carefully investigate the dismissal of Dr. L. W. Creigler as attending physician at the A. & M. College, and that said investigation be complete and impartial. The society refused to endorse the two other resolutions adopted at this called meeting wherein the members of the society present, through a fraternal feeling and from an ethical standpoint, obligated themselves not to apply or accept this appointment until said impartial investigation was made and also to encourage other societies to take similar action.

DeSoto County Medical Society held its annual two-day meeting May 11th. and 12th. in Hernando. Present: Drs. A. L. Emerson, J. M. Wright, W. F. Rhodes, C. L. Maples, J. H. McNeill, F. M. Pollard, S. M. Watson, T. M. Jones. W. A. Powel, W. S. Weissinger, E. H. Rundle and A. J. Weissinger of the local fraternity and Drs. G. G. Buford, E. M. Holder and W. J. Wadlington, from Memphis. A number of good papers were read and the discussions were participated in by all present. It was a very profitable meeting. Our society is in a flourishing condition.

Harrison County Medical Society met at Carlton Club rooms in Gulfport, May 12th. 1908. The society was presented with an excellent paper by Dr. Carroll, captioned "A Case For Diagnosis." The paper was discussed by all members present and under such trip-hammer blows the shell of obscurity surrounding the kernel of true diagnosis was no doubt cracked. Just before adjournment there was a breeze of regret that seemed to stir the small company assembled

on account of so many absent brethren. This feeling is one of regret at their absence, and sympathy for what they are missing by loss of good company, and the loss of the post-graduate work the society is carrying forward; besides we don't know exactly what they are doing, whether foraging, scouting or collecting. We are having a good time with the few each meeting, but would have much better if all were there for us to greet and to greet us. We want the grand mid-year rally next meeting, June 9th. Every man should feel himself ahost and then come to the meeting and we will certainly have a crowd.

Holmes County Medical Society met at the court house in Lexington, on Tuesday, April 7th. at 11 o'clock a.m. Present: Drs. G. C. Phillips, B. A. Shepherd, H. Christmas, W. G. Gresham, B. J. Marshall, W. C. Smith, A. M. Doty, J. H. Byrd, R. H. Baker and J. H. McBee. The president being absent, Dr. G. C. Phillips, vice-president, presided. It being the proper meeting for the election of officers, an election was held, whereupon Dr. B. J. Marshall, of Black Hawk, was elected president; Dr. H. Christmas, first vice-president; Dr. B. J. Farr, second vice-president; Dr. J. H. McBee, secretary-treasurer; Dr. G. C. Phillips, censor; Dr. H. Christmas, delegate to State Association and Dr. W. C. Smith alternate delegate. Dr. W. C. Smith was elected to membership. The society was then given an address by Dr. C. M. Coker, Councilor for the 5th District. At 12 o'clock m. the society adjourned until 2 o'clock. At 2 o'clock the society reconvened and Dr. H. Christmas opened the proceedings with the report of a case of eczema, which was generally discussed. This was followed by the presentation of a specimen of uterine fibromata by Dr. John Darrington of Yazoo City. Dr. Darrington was voted the thanks of the society. The next number on the programme was the reading of a paper by Dr. L. S. Rogers, of West, entitled "What Shall Be The State's Policy In Regard To Its Public And Charitable Hospitals." This paper was read by the secretary and heartily endorsed by the entire society and the secretary was directed to write the endorsement of the society on the back of the paper. Dr. Darrington then gave the society some valuable information in regard to the policy of the Yazoo City physicians in the collection of accounts, etc. It was thereupon unanimously agreed by the society that a meeting of the society be called for the second Tuesday of May, when every member shall be requested to be present, and the fee bill further regulated, the matter of discounts taken up, and the discounts be henceforth dis-

carded, and that all doctors' bills be hereafter presented on the first of each month after the manner of all other businesses and professions. The society adjourned until the second Tuesday of May.

Perry-Green County Medical Society met in regular semi-monthly session on the 6th of April. In the absence of both the president and vice-president, Dr. R. B. Stapleton was unanimously elected president pro tem. Clinical cases: Dr. W. W. Crawford reported an interesting case of gastroptosis in a young man, in which the stomach occupied a portion of the left side, interfering with the heart's action. Dr. Stapleton reported a case as follows: a man from the country suffering from difficult breathing; bowels occasionally disturbed by diarrhea; enlarged abdomen; mass in abdominal cavity on left side; anemic; fairly good appetite and digestion; some swelling in feet and ankles. Diagnosis: enlarged spleen. Had been diagnosed by other medical men as a tumor. Dr. S. S. Turner, Hattiesburg, reported the following case: a boy nine years of age; long prepuce constricted behind the glans; since a child has had occasional convulsions during the act of urination. Diagnosis solicited, but none offered. Dr. Stapleton reported a similar case having come under his observation which proved to be a case of urinary calculus. Dr. W. W. Crawford reported a similar case with the same diagnosis. Unfinished business: Dr. R. M. Donald, chairman of the committee of arrangements for Dr. J. N. McCormack's visit to Hattisburg on the 9th. inst., made a favorable report, almost every detail having been arranged. R. B. Stapleton, chairman of the committee on organization of a district medical society, occupying the chair, W. W. Crawford. a member of this committee, made the report to the effect that immediately following Dr. J. N. McCormack's lecture to doctors in the Commercial Club room at 2:30 p.m. on the 9th. inst., the organization of the district medical society would be gone into, a circular letter having been sent to all physicians in the district to this effect.

Notice To Alumni Of The Tulane Medical Department.

It is important that all graduates of Tulane intending to be present at the meeting of the A. M. A. in Chicago, June 2 to 5, should write at once to Dr. Hugh B. Williams, No. 100 State Street, for information concerning the gathering of the Alumni on June 2. Tulane headquarters will be at the Auditorium Hotel and Alumni are urged to call upon their arrival for information. This is important.

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Committee on History of the Association:—J. C. Hall, Anguilla; H. L. Sutherland, Rosedale; E. F. Howard, Vicksburg.

Delegates to International Congress on Tuberculosis:—P. R. Brown, West Point; J. R. Tackett, Meridian; J. P. Moore Sr., Yazoo City; R. M. Sadler, Okolona; Henry Christmas, Tchula; B. A. Shepherd, Lexington; C. E. Catchings, Woodville; A. A. Young, Oxford; J. J. Stevens, Hattiesburg; H. M. Folkes, Biloxi.

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WM. M. COMPTON, Holly Springs.

President 1871-2.

Wm. M. Compton was born at Madisonville, Ky., August 4th. 1833 and died at his home near Holly Springs, Miss., of yellow fever, Oct. 3rd. 1878. Graduating from Jefferson Medical College of Philadelphia, he settled in Marshall County, Miss., dividing his time between the practice of medicine and the care of his plantation, and in 1861 was commissioned staff-surgeon of the brigade of sixty-day State troops under Gen. Jas. L. Alcorn. In 1862 he was commissioned surgeon C. S. A. and assigned to duty with the Second Texas Infantry. During his service with this command it was his fortune to perform one of the few successful hip-joint amputations recorded in the annals of the war.

Dr. Compton served during the siege of Vicksburg, and was later appointed to the Board of Examining Surgeons. At the close of the war he returned to his home in Marshall County and was elected to the Constitutional Conventions of 1865 and 1868. In 1870 he was appointed Superintendent of the State Insane Asylum, serving in this capacity for two terms and then returning to Marshall County, where he began the erection of a private asylum, intending to devote the remainder of his life to this specialty, but before its completion came the epidemic of yellow fever, in the fight with which, although not previously engaged in general practice, he laid down his life.—(*Transactions* 1879.)

Book Reviews.

Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties: A Manual of Its Practical Application. By Willy Meyer, M. D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital; and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. W. B. Saunders Co., Philadelphia. Cloth, $3.00 net.

Treatment of inflammations by hyperemia after the manner of Bier is growing more and more popular among some surgeons in certain lines of work, and the results as reported seem to justify its further exploitation. The idea on which

the method is based, to avoid stasis, is undoubtedly correct, yet there are many instances in which the method may be questioned, since good results have been obtained by means diametrically opposed to those advocated by Bier. But there are also cases in which hypermic treatment is undoubtedly indicated, and nowhere will there be found a better exposition of the various ways in which it may be applied than in this book, which is the joint production of an American who has done a great deal of work on these lines and a German who has been closely associated with the originator of the method.

TREATMENT OF INTERNAL DISEASES. For Physicians and Students. By Dr. Norbert Ortner of the University of Vienna. Edited by N. B. Potter M.D., instructor in medicine, Columbia University, etc. Translated by F. H. Bartlett M.D., from the fourth German edition. J. B. Lippincott Co., Philadelphia.

In these days of therapeutic nihilism it is as refreshing as it is surprising to find a man of hospital experience so thoroughly impressed with the value of drugs. It is not that he limits himself to drug-giving, for extra-medicinal methods have their part, but he has a larger working knowledge of materia medica than is indicated in most works on therapeutics. The editor has made the changes necessary to make the formulae conform to the U. S. Pharmacopoeia and to adapt the book to the needs of Americans.

Book Notice.

Messrs. W. B. Saunders Company, medical publishers of Philadelphia and London, announce for publication before June 30th a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

Bandler's Medical Gynecology—Treating exclusively of the medical side of this subject.

Bonney's Tuberculosis.

Volume II, Kelly and Noble's Gynecology and Abdominal Surgery.

Volume IV, Keen's Surgery.

Gant's Constipation and Intestinal Obstruction.

Shamberg's Diseases of the Skin and the Eruptive Fevers.

John C. DaCosta Jr's Physical Diagnosis.

Todd's Clinical Diagnosis.

Camac's Epoch-Making Contributions in Medicine and Surgery.

All these works will be profusely illustrated with original pictures.

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*ANOTHER PHASE OF THE RACE PROBLEM. WHAT SHALL WE DO WITH OUR NEGRO CONSUMPTIVES?

H. L. SUTHERLAND M.D.,

Ex-President Mississippi State Medical Association, Ex-President Tri-State Medical Association, Chief Health Officer of Bolivar County.

ROSEDALE.

There are two phases to the race problem in the south, one of which concerns the negro's status as a political factor and has become a popular subject for our politicians to discuss on the hustings, proposing various plans by which he may be eliminated from participation in the control of our government, but as to whether these plans are practical or are merely pipe dreams to beguile the unwary voter, we are not concerned, as the fact remains, that the negro, like Lazarus, "has been laid at our gate", and will remain there until decimation by disease and absorption by the whites has wiped him out of existence as a race, leaving only a suspicious duskiness of skin, an unwelcome odor and some strong racial characteristics, where once the color line was distinctly drawn.

The other phase of the problem is his health, which we, as guardians of the public health, are expected to solve, and to which we should address ourselves with the earnestness the cause so urgently demands, not alone for the preservation of this peculiar and benighted race of people from the ravages of disease, but also for protection from infection of our own race, through the close personal contact with negroes which necessarily exists by reason of the fact that we are compelled to draw on them for our uses as household servants and other forms of labor.

Any one who is acquainted with the racial characteristics and tendencies of the negro, will realize the magnitude of the task before us, which has been greatly augmented by several conditions:

1st. Notwithstanding the occasional notes of warning which have been sounded since about 1900, when the race congress met in Montgomery, Ala., no practical steps have been taken to suppress the wide-spread dissemination of tuberculosis in the southern negro, and until within the past five years we did not realize to what an appalling extent the loss of life

*Read before the Mississippi State Medical Association.

to the race from this disease had reached, and the concomitant danger to ourselves.

2nd. The rapidity with which the disease runs its course rendering treatment almost useless, and giving abundant opportunity for its dissemination before its presence is known.

3rd. From a strong racial characteristic of the negro, a gregarious habit not yet outgrown, they leave the farms and herd in the low, unsanitary huts in the towns, where they live in squalor, with unwholesome and insufficient food and clothing, creating a very hot-bed for the propagation of disease of all kinds.

4th. With no friends on earth to whom they can appeal for help when sick and in need, other than their white neighbors, yet when well and strong they resent our every effort in their behalf in the way of prophylaxis and sanitation.

5th. Negroes are all fatalists—no matter to what church they belong they are all fatalists—and, as they express it, "will get what is coming to them", no matter what precautions are taken to counteract it.

In order to more clearly understand the problem of averting the sacrifice of this peculiar race of people by a disease which is clearly a preventable one, we must take into consideration some of the leading racial characteristics, tendencies and present environments.

There are only two periods of his history of interest to us, which are, from his importation here to his emancipation from slavery, and the other from his emancipation to the present time.

The first period was devoted to his physical welfare, with such attention to his intellectual and moral growth as was necessary to aid in his physical development and usefulness as a laborer, and make him tolerated in the presence of the white race, yet at the same time he had constantly before his eyes as an example, the civilization of the whites and was in this way raised far above his primal life, both intellectually and morally. From a dwarf he was bred up to a magnificent physical stature, he was well fed and comfortably clad, his labor was done in the open air and sunshine of the fields, his quarters were kept in good sanitary condition; he was attended in sickness by the physician of his master's family, and his earning capacity made his illness a matter of solicitude to his owner. In other words, their lives then were ordered just as we would have them now, to combat disease.

From an idle, roving vagabond, he was taught regular and systematic work which is an important part of his education.

Admitting the great wrong of holding human beings in bondage, and without any regrets that this institution was abolished, still it cannot be denied that slavery was the greatest and most remunerative industrial school ever devised for the negro, and did more for his civilization and physical culture in two centuries than missionary teaching could have done in twice that length of time. As a writer remarks: "When missionaries endeavor to civilize savages, the difficulties are greatly heightened by the fact that a change in manner of living is demanded, while the environment remains the same." In this case the environments were completely changed.

After emancipation, when all restraint upon their race tendencies were wanting, except only the law of the land intended for government of a civilized and cultured people, the master's authority gone, his influence of no avail in the presence of a horde of adventurers, who flooded the south just after the close of the civil war, the negro's tendency backward became apparent in a few years. Not as to educational progress, however, for it is manifest that illiteracy has markedly decreased under a parrot-like education, but the remarkable part of it is, his education and religion are in no wise a criterion by which his moral character can be judged.

Such a thing as race pride does not exist, and family pride even is rarely found among them. Chastity among their women is rarely considered even probable. They herd together, more than one family in the same room, and exhibitions of their partially nude bodies, by women as well as men, is not considered a lack of modesty or deference.

Promiscuous co-habitation is the rule rather than the married state, and is growing worse annually. From the census of 1900, Bolivar County had over thirty-five thousand negroes, and notwithstanding the great influx of negroes since that time, our circuit clerk tells me that the number of marriage licenses issued annually has steadily decreased until the number has fallen to less than half of what it was ten years ago.

These facts, well known to us who are on the ground, are recalled to show to what depth of depravity the masses of the southern negro have fallen, and what obstacles are to be contended with in rescuing him from disease.

Vice, filth and disease follow each other as naturally as water runs down-hill. By these, fecundity is checked, and mortality increased. Negro mortality is double or more than double the white, wherever records are kept.. Our only records are in the cities and the apparent increase in population there is due to the constant drain upon the rural districts for recruits for the slums.

The death rate of the negro in the northern cities makes but little better showing than our own. Ray Stannard Baker, in a recent magazine article, gives Dr. Furniss, a prominent negro physician of Indianapolis, as authority for the statement that half of the deaths from tuberculosis in that city are of the negroes, whereas in proportion to the population they should constitute only one-eighth.

In the annual report of the city of Charleston, S. C., for the year 1906, I find that the white deaths from consumption were a fraction under six per thousand.

"According to the seventh annual report of the government on statistics of mortality for the year 1906, for cities containing as much as ten per cent. or over of colored people, the death rate of the white population was 17.2 per thousand, and that of the negro race 28.1, or more than sixty per cent. higher.

"In the state of Maryland the mortality rate for the colored race was 321.6, as compared with 146.1 for the white, and similar high rates of death in the negro race are shown for all cities with a large colored population. For instance, in Mobile, Ala., the rate for the colored was 625.2, and for the white 226.2.

"Here is a statistical study. Ever since the negroes were set free the death rate has been increasing, and this increase has been made the basis for a claim that extermination by disease would ultimately solve the race problem."

From whatever source we can gain reliable records, and from general opinion of physicians, more especially in the delta of Mississippi, the negro death rate from tuberculosis is more than three times that of the whites and rapidly increasing. Dr. Cunningham, at one time governor of Alabama, in a paper "The Negro As A Convict" said: "I will submit that the race problem will be largely settled in the event of public works being established throughout the south; which means ready money for the negro; which means profitable practice of prostitution; which means venereal disease and consequent sterility", and, he should have added, a much higher mortality.

Dr. Matas of New Orleans in a paper "The Surgical Peculiarities Of The Negro" makes this statement: "Tuberculosis has been called 'the great white plague', but if we look at this matter statistically, and through the eyes of all experienced observers, we would with greater propriety call it the black plague, as it is unquestionably the dominant cause of the increasing death rate of the negro in this country."

Dr. Barringer of the University of Virginia in a paper

read before the race congress in 1900, gave this warning: "If for no other reason than that of self-protection, it is high time that the whites of the south, on whom must fall all the cares and responsibilities of managing the affairs of state for the public good, should take steps to prevent the continual spread of tuberculosis among the negro. If our cooks and nurses and other servants have the disease, there is danger of our families becoming infected."

This is the "race problem" for our solution and here is the greatest opportunity ever yet offered to the would-be philanthropist to this people.

Our state has acted magnanimously in the education of the negro. It has given him all that is best for his needs, yet northern negrophilists have endowed several schools for higher education, taught by white teachers, hoping to elevate the race politically and socially; but if these schools were converted into sanatoria for tuberculous negro children, they would accomplish more as life-savers than they have ever done as citizen-makers. But northern philanthropists cannot be relied upon to give aid in the future betterment of health conditions, for they are gradually coming into the light as to the true character of the negro. As the writer just quoted, Baker, expresses it: "The north feels we have helped the negro to liberty; we have helped to educate him; we have encouraged him to stand on his own feet. Now let us see what he can do for himself. After all he must survive or perish by his own efforts. In short 'they have cast the bantling on the rocks.' "

The educational plan of approaching this subject, as has been carried on by this Association and its component societies within the past two or three years, no doubt resulted in some good, by blazing the way for others to follow, but these efforts have been spasmodic, and there has been too little work done to reach the masses of the whites, and I would say in this connection, it would be useless to try to reach the negroes, on account of their fatalistic religious belief.

I think it devolves upon our State Board of Health to take up this work and pursue it systematically and persistently. It is a function of this board. In other states, notably Indiana, this board has done most efficient work, and its methods should be studied by our board. This in turn will require money, and if in the next two years we can bring our whites to a realizing sense of their great danger from contact with consumptive negroes, we may prevail upon a heretofore parsimonious legislature to make an appropriation more consonant with the needs of the work.

Dr. Curtis of New York, in speaking on this subject, recently struck the key-note of the situation in saying: "The medical profession is inclined to forget its obligation to the public. The public is indifferent to sanitation; indeed it seems to come in the category of moral issues generally, which need a pulpit and a preacher to lead the way."

The people are more apt to obstruct the work for their salvation than to help it. The same failure to estimate the importance of safe-guarding health is found in legislators and public custodians of affairs of state. The health department is pushed aside for others that protect the wealth and bring money into the treasury, or even concerns the well-being of domestic animals, unmindful that sanitation, not counting human distress relieved by it, is the greatest conservitor of material values in the world to-day.

To influence legislation we must have others than medical men to join in the crusade against this disease, as has been done in other states; lawyers, bankers, merchants, farmers and other monied men, for they can do more to influence legislation than we can.

If we can arouse that horror of tuberculosis, and our great danger from it, which prevails the world over for leprosy, we will have accomplished a great deal towards the central idea of this warfare, which is segregation of the sick.

To this end legislation should be had, to counteract present conditions which favor the dissemination of disease.

If under conditions existing before emancipation, tuberculosis was so rare that negroes were held to be immune to a great degree, it is apparent that we should, as nearly as possible, considering the changes brought about by their freedom, induce them or force them to return to that mode. This is essential to their salvation, and an economic measure of great importance to the state, since the sick are dependent for treatment and sustenance on private benefactions or on the public or county or state eleemosynary institutions, spreading the infection to others and receiving no treatment looking to the care of the disease. As an instance—but prompted by entirely different motives—our present vagrancy law can be invoked to clean out our towns of a large part of their negro population and drive them to the farms. Towns should be encouraged to prevent over-crowding in the cheap tenement houses, which the cupidity of our own people have built without a thought for the health and comfort of their tenants, or the danger to their fellow-citizens.

Until the white people have been thoroughly aroused to

the importance of repressive measures, it is hardly worth the time to ask our legislature to do more than enact a few laws or perhaps give a few thousand dollars towards the enlightenment of the people on this subject. Our state rarely takes the initiative in matters concerning the health of its people, such as would be the building of sanatoria for consumptives, but by constant presentation of the subject by our Board of Health, composed as it is of thirteen physicians, selected for this honored and responsible position from over the state for their well-known ability and fitness as medical and business men, and the example set by other states, we may accomplish this later on. The message of Gov. Noel to our legislature on March 13th. of this year, recommending that it give our State Board of Health the authority to employ a lecturer to go over the state enlightening the people on infectious diseases and how to prevent their spread, classes him high as a humanitarian and conservator of the state's productive energy, and encourages us to hope that, in two years, a new era in sanitary legislation will be inaugurated in Mississippi.

In his message to the legislature of 1904, Governor Smith of Maryland said in conclusion: "If we could rid the subject of all the finer humanitarian coisiderations, and consider it carefully from the hardest, coldest, pecuniary standpoint, we would be forced to the conclusion that it is a paying business investment to grapple with this problem and solve it." As a result, the state of Maryland is completing this year a sanatorium for consumptives which will cost three hundred thousand dollars.

Dr. Leroy of the State Board of Health of Tennessee, after a most pessimistic statement as to the use of treatment of consumption in the negro, says: "I fear nothing short of military surveillance would make it practicable to run a colony for them. The sanatorium is only of value as a place for them to die comfortably and to prevent spreading the infection, and to that end is greatly to be desired. One of the greatest needs at present is a refuge of some sort for the tuberculous black as a safeguard to the whites, as we will never know how great a proportion of our white cases have been given to us by our colored neighbors."

In conclusion, let me repeat that our State Board of Health should take up this work and prosecute it with all the means at its command. Let them reach by literature, first the more intelligent and prominent citizens of the state, and impress upon them the importance of the movement. Let our board meet more frequently and urge the county health officers to

report on the ravages of this disease upon the negro race, and to call the attention of their influential men and women to it, and the danger to the whites from it. If every physician in the state would impress upon his clientele the care which should be used in selecting household servants, and to those who live in rented houses the danger of infection by previous occupants, we would accomplish much towards education on this subject. I would commend to our State Board of Health the pamphlet issued by the State Board of Health of Indiana on consumption, which supplies all the information necessary on this subject. If our board will take charge of this matter at once and prosecute it vigorously, in a few years its functions will come to be regarded as of greater importance as a part of our state government than the extirpation of crop pests and diseases of domestic animals.

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*THE CALOMEL AND PODOPHYLLIN HABIT.

DRS. RICE & KLOTZ,

SUMMIT.

At best, materia medica is a dull branch; therefore we have ventured a little beyond the beaten path, and have attempted to describe what we term "The Calomel and Podophyllin Habit."

It is a plea for the doctor; for those of us who have become addicted to the habitual use of these drugs to the exclusion of all other remedies; who, with or without a diagnosis, prescribe them indiscriminately and continuously, and who introduce every treatment with a large dose of calomel and podophyllin.

If we seem to exaggerate to the point of absurdity, it is only to make the truth more apparent, and it is too much of a confession to be read with malicious intent towards anyone; therefore, it cannot offend or be misunderstood.

In calomel, we have a powerful cholagogue and, in large doses, a drastic purgative. Combined with podophyllin, we have a brown mixture which is at once the delight of a doctor and a holy terror to a patient.

Back in the days before Pasteur, that dark age when the liver received the almost universal condemnation from the profession, and was thought by many to be a villainous organ, perhaps in cahoot with the east winds, and which showed a ten-

*Read before the Mississippi State Medical Association.

dency to hibernate during the spring and fall months, calomel reigned supreme. It was king of the materia medica and the powerful ally of the doctor. The liver might hibernate and ooze its stagnant humors into the blood, but the doctor feared it not. Armed with calomel, he boldly marched through the lane of protruding tongues, reading upon these bulletin boards of the liver all the deep laid plans of hepatic deviltry.

Then began the battle royal. The doctor opened hostilities with a round of calomel; the liver responded with a flood of bile, the poor patient purged and vomited greenish matter which left him trembling and awe-stricken, but feeling worse. The doctor examines the bulletin board and fires another round; the liver responds less vigorously, but swells with indignation; the patient is now weak, restless, nauseated, vomiting, in fact sick unto death, but still the battle rages.

The valiant doctor fires another round of calomel, and the liver, squeezed of all its bile, can only continue to swell in agonizing hepatitis. The patient is exhausted, slightly delirious, has not retained nourishment for ten days, makes weak efforts to vomit, mouth parched, tongue heavily coated, gums swollen and bleeding, but still the doctor smiles from that supreme height of satisfaction—he has touched the gums!

That picture is not overdrawn. Even in this day of enlightenment it is sometimes painted in most of its bilious details by some of us who are too zealous advocates of calomel in large doses and who have become ultra-scientific in the macroscopic inspection of coated tongues.

No other science can equal the progress that our profession has made in the past thirty years; yet we of the country look with open-mouthed wonder upon the brilliant work of the city doctor, and come home to diagnose biliousness, and give calomel and phodophyllin.

We read the *Journal of the A. M. A.,* and recognize a few names that arouse our admiration and dazzle us, but which shine even above our envy. We glance at the title of their papers, but their ponderous nomenclature is unintelligible. It is a confused jumble of opsonic index, Bier's hyperemia, serum therapy, psychotherapy, electrotherapy, etc.

We marvel at such knowledge, but skip the articles. It is written out there before our eyes, for us to take and use, but we pass it on to the city doctor, and return to calomel and podophyllin.

We glance through a microscope, but know nothing of the vast field opened to our gaze, and upon which science has been builded anew. Leucocytosis, blood counts, eosinophilia,

Widal's reaction, cocci, bacilli, spirochetae, Wright's stain, and Gram's method, mean nothing to us. We vainly strive to recall the smattering knowledge of college days, and then, with all the innocence of forgetfulness, we speak of the "gonococcus bacillus." Having thus delivered our memory of this impossible microbe, we pass it all to the city doctor and return to —calomel and podophyllin.

We shut out every source of light; observation becomes dim, and experience teaches nothing. Our unopened materia medica dwindles to two drugs, calomel and podophyllin, and onr anatomy describes but one organ, the liver. Surgical diseases pass beyond recognition, and we serenely treat empyema and appendiceal abscesses with—calomel and podophyllin.

In other words, this whole confused mass is crammed into the liver, then kicked into oblivion with—calomel and podophyllin!

Sometimes the patient goes with it, but then he had a weak liver!

Calomel has been called the "sheet anchor" of the doctor. It is an anchor grounded in the liver to which the doctor can moor his little boat, and drift through his life without getting out of hepatic territory.

We heard this questionable compliment paid to a doctor by a patient: "He can give as big a dose of calomel as anybody."

We have then what is called the "calomel and podophyllin rut." It is a familiar old rut to us country doctors, but it runs in a circle and each year brings the traveler to his starting point. Left to himself in the weary rounds of a country practice, a doctor is apt to wander into this rut, and as he plods along, the dull monotony of it converts him into a psychological anomaly. He develops cerebral stenosis and diagnostic insufficiency; attempts to establish compensation by giving more calomel and podophyllin.

The increase in dosage, however, only plunges him the deeper into the bilious gloom which envelops him. He becomes an artist in prescribing these drugs, and discovers wonderful possibilities in the range of calomel and podophyllin therapy. To this patient he gives calomel and podophyllin, to that patient podophyllin and calomel. To this sturdy youth, he gives calomel, grs. x, in two doses; to that innocent maiden, calomel, grs. ix, in three doses. To this infant, he gives calomel, gr. 1-10, every half hour; to that baby, calomel, grs ij, every two hours. To this white man, calomel, grs. xx; to that negro, calomel, one teaspoonful.

Why?

Because they are bilious! The babies are bilious! The boys and girls are bilious! The old ladies are bilious! The niggers are bilious! The doctor is bilious! (Excuse the expression.) The whole damn business is bilious.

The very atmosphere assumes a bilious tint; consequently he grows envious and jealously guards his practice.

Getting poor results, he strives to replace lack of ability with a charming personality. He cultivates the art of scrutinizing tongues with an air of profound learning and pronounces his diagnosis of "biliousness" with a pompous assurance that would arouse the envy of a college professor.

Called to the bedside of a child, the little fellow protrudes his tongue before a question is asked; he has anticipated the diagnosis and treatment. The doctor is a prisoner in the rut; a slave; a victim of the drug habit, calomel and podophyllin! He is frantically fighting a masked disease and treating symptoms of his own creating.

He has become hypnotised by suggestions from the past, and lulled to sleep by calomel and podophyllin. He graduates in the light of to-day and dies in the darkness of forty years ago, a therapeutic suicide. His death certificate reads: calomel and podophyllin.

Oh, dreary monotony of such a practice! Each day is but a yesterday. From his narrowed view of the medical horizon, he saw the sun rise upon a wilderness of coated tongues and sink in bilious splendor upon an ocean of bile.

This should not be! To that doctor the practice of his profession has been nothing more than a means of existence. He has been faithful and sympathetic, but has seldom felt that thrill of satisfaction brought by the surety of a perfect diagnosis. In the face of desparation, he has not been able to summon to his aid the hundred and one resources of the trained practitioner. He has never felt the tugging of progress at his brain, nor allowed his mind to contemplate the possibilities and immensity of his great profession. He has called himself a general practitioner, yet, in truth, he is the narrowest of specialists, and the city doctor has waxed fat upon his uncured patients.

It is unfortunate that so many of us should fall into the clutches of this drug habit and stake our reputations upon calomel and podophylln. It is unfortunate, indeed, that many are lured into a state of lethargy by the therapeutic will-o'-the-wisp.

Since I have described this calomel and podophyllin habit, you may ask if there be a remedy. We think so, and believe

it to be contained in the following conclusions, provided they are constantly borne in mind.

Could our patients perceive the truth therein, they would speedily make better doctors of us all.

CONCLUSIONS.

That calomel and podophyllin are valuable drugs, but when wisely used are seldom used. It is the continuous, indiscriminate usage that is so disastrous to doctor and patient. The calomel and podophyllin habit atrophies ambition and makes of progress a paralytic.

That the tongue is a most notorious prevaricator; it bears false witness against the liver, and its seductive coating is nothing more nor less than pathological quicksand to engulf the straggler.

That biliousness is a myth. It is simply a word which, translated, means "I don't know"; therefore it does not require treatment.

That the therapeutic dogma: "sweep the bowels clean," is something productive of grave error.

That the liver is a sadly abused organ. The calomel and podophyllin habit can lead one to believe it permeates the whole anatomy, but it doesn't. It is confined to the right hypochondriac region and held there by strong ligaments. It is a great, big, jovial organ which asks nothing but justice, and is much in need of a rest.

Lastly, we grow so bold as to suggest that one paper, touching upon such evils as this, be read before the society each year. It is a branch that we might call psychological surgery; wherein, and without anesthesia, we open the peritoneum of our conscience, break up adhesions and let a little sunshine in.

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*THE PRACTITIONER'S NEED OF BACTERIOLOGY.

JAMES B. BULLITT M.D.,

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UNIVERSITY.

The bacteriological investigations of the last thirty years have placed our study of the etiology of disease upon a scientific basis, thus opening the way from empirical to rational treatment. There is perhaps no branch of human endeavor that has made greater strides in the past generation than has that of medicine; and also without exception these advances,

* Read before the Mississippi State Medical Associatien.

both in internal medicine and in surgery, have been dependent upon our increasing knowledge of bacteria and other organisms of the microscopic world.

More than nine-tenths of the sickness we are called upon to relieve has its origin in the attacks of this unseen army. Though the great minds of the past had developed a keen and intelligent empiricism, yet in their most earnest efforts they were often sady groping in the dark—merely the blind leading the blind; for it is only in the light of a clear understanding of the origin and causes of disease that accurate diagnosis and rational treatment become possible. Already far-reaching results have been attained, though the field of investigation has been barely entered, and we can look forward with confidence to far greater things in the future. The surgeon now invades the abdominal cavity with impunity, antitoxin robs diphtheria of thousands of victims, malaria disappears before the wire screen and the drainage ditch, simple cleanliness has made the dreaded typhus a mere memory, and incidentally the economic saving amounts into the millions. But we still have with us preventable death, "preventable sickness and preventable conditions of low physical and mental efficiency"; still we hear the moan of the consumptive, cut down before his time, and the "bitter cry of the children" poisoned by dirty milk, and these are largely dependent upon "preventable ignorance" of the doctors, dependent upon our failure as physicians to utilize properly the great forces that the discoveries of such men as Pasteur and Koch have put at our disposal. The lamentable condition seems to be largely due to the fact that personal use of many important laboratory aids to diagnosis is neglected by so many doctors, who depend upon the specialist to do for them even the simplest of this work.

To-day there is scarcely a layman with rudimentary education who does not recognize in a general way the incalculable importance of the bacteria and their allies; and no doctor would acknowledge ignorance in this respect. Yet, to the shame of the medical profession, it must be admitted that a large number, perhaps a majority, of its members never look through a microscope and have no real acquaintance with the simplest laboratory technique.

It is not the individual practitioner alone who is to blame for this neglect. Ten years ago there was not a medical school in the south and but few in this country that offered a respectable course in bacteriology, and to-day this branch is given not nearly the emphasis it deserves. So none of our older

men and few of the younger ones have started in practice properly prepared to do the laboratory work that is needed almost daily. Some have corrected this error and to them the microscope is a constant companion and invaluable guide. But by far the largest number have barely a speaking acquaintance with this helpful friend.

At the meetings of our State Medical Association there is rarely a full attendance upon the section of bacteriology. This is not entirely due to a lack of interest in the subject on the part of our profession. Often the papers presented are either too technical or purely theoretical and do not deal directly and simply with the practical problems that constantly confront the practitioner. However valuable may be the research involved, such papers appeal to and interest only the bacteriologist. Their effect is often to lead the practicing physician to regard the laboratory as a sort of factory, furnishing ready-made diagnosis and treatment, or to think of bacteriology as a tedious and supremely difficult science with which a lack of time forbids him to familiarize himself. Often too much enthusiasm of the bacteriologist leads him to make extravagant claims for some method of laboratory diagnosis or treatment. The practitioner in the one case, accepting these too implicity, is led into error, or, in another, finding them at variance with his clear clinical facts, his confidence in the laboratory wanes and he loses one of his most efficient guides.

The net result is much loose thinking, many snap-shot diagnoses and much therapeutic neglect, with frequent avoidable deaths or unnecessary disability. A few months ago a young man consulted me about a slight cough of several weeks duration. His sputum showed numerous tubercle bacilli though I could discover no evidences of the disease by physical examination. I pronounced the case incipient pulmonary tuberculosis and advised sanatorium treatment, giving a bright prognosis as probable. He returned to his home in a neighboring town to make arrangements for following my advice. His father called in their family physician, a capable and prominent man, who examined the chest, ignored the sputum, and pronounced him sound. To-day he continues to cough and has lost some fifteen pounds in weight, but still he "has no tuberculosis." His probable future you can all easily forecast. Some years ago during an epidemic of catarrhal conjunctivitis, a married man of supposedly exemplary habits developed "sore eyes". A very competent physician, but one who did not use the microscope, treated him for four days before he suspected the gonococcus. The sight of one eye is nearly lost

when perhaps it might have been saved. Such examples could be multiplied almost indefinitely. Similar fatal delay in the diagnosis of diphtheria is an old story, and many an insignificant leucorrhea is neglected until pus tubes and invalidism supervene—all this because the microscope is not brought into play. It is not only against the ignorant and careless that this indictment is brought. It applies also to many capable and conscientious men, of large practice, whose clinical judgment is good but who have failed to attach practically the importance that in theory they freely grant to the laboratory.

The remedy is easy and clear. Every doctor should be, within wide limits, his own pathologist. It will be argued that this would not be a proper conservation of energy; that the active practitioner has not the time nor has he the need to devote himself to this study; that he can refer his specimens to the pathologist for examination and guide his diagnosis and treatment by the specialist's report; that he cannot economically acquire sufficient skill in the laboratory technique and that his energies are better spent in his strictly clinical work. But here is a grave mistake. It is not to be expected that the practising physician can become a trained bacteriologist, capable of conducting the more intricate investigations in this science or of doing important research work. But the acquirement of sufficient skill to examine such specimens as sputum for the tubercle bacillus, pus for the gonococcus, the streptococcus, etc., throat smears for the diphtheria bacillus and blood for the malarial organism is easily within the reach of every man who is fit to practice medicine. All these each doctor should do, or at least be able to do, for himself, referring to the specialist only the examinations requiring detailed and difficult technique. This is especially true of the country doctor whose isolation either prevents entirely an appeal to the specialist or necessitates a costly delay. The condition is analogous to the general practitioner's relation to surgery; he may make no attempt, save in emergency, to perform a major operation, but he never thinks of referring to the surgeon such minor matters as abscesses and simple fractures or dislocations.

The interdependence of the laboratory worker and the clinician is so intimate that, without some acquaintance with bacteriological methods, the physician must lack that keen and accurate interpretation of microscopic findings upon which their chief value depends. He attaches to them too little importance and loses the great aid they can give him; or he attaches to them too much importance and by dependence upon

these "mechanical aids" allows his powers of clinical observation to be dulled. A clear appreciation of our medical problems is possible only in the light of combined clinical and laboratory investigation.

The opportunity for preparation in this subject is easy of attainment. Many of our progressive men in the country and small towns spend several weeks or months every year in post-graduate work in some of the large medical centers; but usually they are to be found in the clinical amphitheatre—rarely in the laboratory. I am here to-day to urge that this time be divided and that the microscope and its accessories be given a fair share of your attention. A few weeks spent thus will give a most valuable command of the ordinary processes for which there is almost daily use. Though the range of bacteriological work so covered would not be wide, it would nevertheless be enough to broaden and deepen greatly your insight into the intricate questions of disease. An education does not consist simply of information— a mere "cramming of the mind with facts." It is far better to "see one thing than to look at a hundred." A good and practical understanding of bacteriology and its successful application in our work need not require an intimate acquaintance with the vast number of the bacteria nor a power to conduct detailed investigation in this science. With a moderate expenditure of time and money you can add very materially to your own satisfaction in your practice, to say nothing of the increased value of your services.

Our highest duty as physicians is the prevention rather than the cure of disease. To this end our labors are largely directed, yet there is much within our power that we leave undone. To practical bacteriology is due the "conquest of the tropics" so brilliantly accomplished by Gorgas and others at Panama, and to it will be due the conquest of our "Delta", the banishment of typhoid and dysentery from our midst and success in the battle with the Great White Plague. It is only when each doctor becomes a practical bacteriologist that he will occupy his true and proper place as a sanitary general in command of a devoted army of his clientele. Then and then only can we hope for victory in the silent but terrible conflict between the forces of disease and mankind.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

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In another department, we call attention to the 1907 report of the Bureau of Vital Statistics of the Census Bureau. It well be noted with great regret that although the state of Mississippi is numerously provided with ordinances and laws bearing upon this subject, so little interest is taken by the medical profession in this most important subject, Vital Statistics, that the state is only represented in the report as having one city that requires registration. It would be futile to go over the argument why births and deaths should be registered. The proving of claims, the tracing of families even more, the right that the state has to know of the increase or decrease of population as a basis of popular representation, all these fade into insignificance when we reflect upon the ease with which awful crimes can be committed and concealed owing to our lax system, or rather lack of system, of issuing burial permits. A few years ago one of our city physicians, after much labor and correspondence, had printed a model death certificate, which had to be filled out before interment was permitted. No compliance with this ordinance was secured and owing to the lack of co-operation of the physicians, this wise and salutary law was allowed to go to sleep. One would think that the legal profession, always interested in records, etc., would be as much interested in the records of life and death in their various communities as they are in preserving the records of John Smith's bull or Hezekiah's mules. The higher interests of the state demand that no burial be permitted until the sexton is presented with a burial certificate, and anything less than this makes for that looseness of observance of law which is at present the curse and danger to the continuance of the American Republic. We hope that the physicians of every community will take upon themselves the task of obeying the vital statistic laws, and thus the reproach may be removed from Mississippi of being backward in that first requisite of a civilized community, the careful registration of births and deaths.

S. MYERS.

There are perhaps a few of the physicians of Mississippi who have thought but little of the work in medicine being done at the State University, and some who do not know that only recently the council on medical education of the American Medical Association has given it favorable consideration. We are too prone to look at the hills in the distance and overlook the fertile ground at our feet, hence we have given little or no consideration to the work that is being done at Oxford, and have neglected the one feature of education in the state that should interest us most. In order to somewhat prevent this condition of affairs there is presented, on another page of this issue, an outline of the work of the medical department, especially prepared for the purpose, in the hope that our readers will consider it and, having considered, give their approval, sympathy and assistance to this great work.

Society Proceedings.

Forrest County Medical Society met in regular semi-monthly session in its apartments, Commercial Club Rooms, Hattiesburg, on May 18th. at 8 o'clock p.m., with President Stevens in the chair and Secretary Knight at his desk. The society had as its guests Captain Ashford and Lieutenant Bailey of the Medical Staff of the Regular Army Corps, who are in command of the cyclone relief expedition located in this city, and Mr. R. L. Bennett, of this city, who has rendered exceptionally good and valuable service as a member of the relief committee of this city, who was the first on the ground to care for the unfortunate cyclone sufferers. Captain Ashford favored us with a "talk" on his work in Porto Rico, with especial reference to Uncinariasis Americana, in the treatment of which disease he stated thymol was most relied upon. Lieutenant Bailey also gave us a very instructive talk on his work in the Philippine Islands, devoting most of his remarks to malarial dysentery—stating that in his opinion very few dysenteries were due to malaria, but that some cases were undoubtedly due to this cause. Clinical cases. J. D. Donald, Hattiesburg, reported a case of an infant one week old in which the sheath surrounding the umbilical vessels had sloughed off leaving the umbilical vessels behind. The doctor stated it was a very interesting case to him, as he had never seen such a condition before; neither had any other member of the society.

Treatment: ligated the vessels for the purpose of causing them to slough off. The doctor will report results later. Papers and Discussions. R. M. Donald read a very interesting and instructive paper on malarial dysentery. H. L. McKinnon was programed to open the discussion on this paper, but stated that he was not able to do so, as he had been unable to find any literature upon the subject, whereupon Lieut. Bailey was invited to open the discussion, which he did in a very able manner. General discussion was entered into by almost all the members present. P. A. Carter, Hattiesburg, was the next on the floor with his paper on "Forceps", which should have been read on March 16th. last. The doctor's paper was a very valuable contribution, but whether "time" or "talent" was responsible for its quality, the society was not able to say. W. R. Thames was scheduled to open the discussion of this paper, but in his absence J. D. Donald voluntarily opened the discussion in his usual able manner, followed by L. H. Martin, et al. Unfinished Business. Application of S. E. Dunlap, McLaurin, had not been sufficiently investigated by Board of Censors, hence no report was made and Board was allowed more time. Post Graduate Course, as outlined by Dr. J. H. Blackburn, Bowling Green, Ky., was adopted, and the secretary ordered to obtain fifty copies of the program so that the society could get to work.

Tri-County (Copiah-Lincoln-Pike) Medical Society met in regular bi-monthly session at Brookhaven, June 9th., with the following members present: Arrington, Butler, Dickerson, Dampeer, Frizell, Flowers, Higdon R. E., Higdon, J. C., Jones D. W., Johnson, Little, McRae, Montgomery J. W., Montgomery W. E., Purser, Patterson, Rowan, Rice, Summers, Walker, Wilson. Dr. Frizell read a paper on "Proprietaries", in which he criticised the growing tendency toward the use of unofficial compounds, and recommended a closer study of U. S. P. preparations. The paper was heartily endorsed in the discussions that followed, and the secretary was instructed to put into the hands of each member at once a copy of the recommendations of the Council of Chemistry and Pharmacy and the propaganda against nostrums. Dr. Dampeer read a paper on "Common Drugs", in which he emphasized some uses of every-day drugs which we are likely to overlook in the craze for proprietaries. The paper was well received and generally discussed. Dr. Jones read a paper on "The Ductless Glands", in which he attempted to show the present status of informaton on that subject. Dr. Flowers read a paper on "Hygiene

Of The Eyes", in which he gave many valuable suggestions for the instruction of the public on this subject. He emphasized especially the folly of allowing very young children to spend much time in drawing, as is often done, and showed how this might bring on serious defects of vision. Mr. Editor, referring to the remark of Dr. Dye that he believed LeFlore County to be the first to put into operation the A. M. A. course of study, permit us to inform him that the Tri-County has been following the course for the past six months, modified to suit our conditions. This society has been organized for two years now, and has never failed to have a meeting as scheduled or to carry out a scientific program. The average attendance has been over twenty, and some of our members have never missed a meeting. Doesn't this entitle us to the "belt"?

University Of Mississippi.

The Medical Department of the University of Mississippi will begin its next annual session with well-equipped laboratories. It is the purpose of the institution to emphasize the practical work and give the student every opportunity to perform experiments and to obtain that information of technique which is essential to the scientific application of medical knowledge. Each student will have the sympathetic attention of the instructor, and it will be the policy of the department to make every effort to teach the student the subject. The laboratory facilities are such at the University as to give thorough courses in anatomy, chemistry, physiology, histology, pathology, bacteriology, pharmacology, medical zoology and medical physics and electricity.

The course in anatomy includes a thorough study of the human body upon the cadaver. Each student is required to make careful dissections of all portions of the body and the professor gives demonstrations of these dissections to the entire class. Then the students meet for recitations upon the lectures, the dissections and assigned readings in the text-book. The students are questioned in detail upon the subject, and, in order to encourage constant review, written exercises are conducted at stated periods. The course in anatomy extends over a period of two years and at the conclusion of this course the student should have a thorough and practical conception of the respective parts of the body.

The course in chemistry extends over two years. During the first year the students devote their attention to general chemistry and an elementary course in qualitative analysis. The work of the second year includes organic chemistry, quantitative analysis and toxicology. The course in chemistry possesses special merit in the laboratory exercises, and the students are quizzed from day to day upon assigned readings, lectures and experimental work. Particular attention is given to urinary analysis and the analysis of water and milk.

All students taking medicine at the University are required to study physiology for two years. The work is conducted by assigning readings, the giving of lectures, and experimentation on the part of the student. Beginning with next session, a great deal of time will be devoted to experimental work and the students will be afforded every opportunity to gain their knowledge of the subject by individual effort and investigation. The students are required to recite upon the ground covered and in an informal way gain a thorough and practical knowledge of the science.

The work of histology is accomplished in the most accurate and pains-taking manner. It includes the study of a text, lectures and prepared specimens of each organ of the human body. The student is not only required to observe the specimen, but a colored pen and ink sketch is made. This necessitates the most careful study and observation of the minute structure of the body. This course extends over a year.

The course in pathology includes a general but practical study of the subject. It is given during the last six months of the second year. Each student is required to master the subject matter of some modern text book together with the lectures of the professor, and this is verified by the microscopic and gross study of pathological material. The laboratory feature is stressed, and the students are required to prepare a large number of slides showing sections illustrative of the subjects covered in the class room.

The course in bacteriology is of the same length as that in pathology. This class makes a critical study of the important pathogenic bacteria and the technique involved in obtaining different cultures. Immunity is discussed fully, as are other theories of recent development. Every effort is made to give the student that knowledge of the subject which may be applicable in the practice of his profession.

It is of particular interest to the student that with the beginning of next session a practical course in pharmacology is offered under the direction of Dr. Rowland. This will sup-

plement the recitations and lectures in materia medica and therapeutics. In this way the student can obtain his information pertaining to the physiological action of drugs by actual observation upon living animals. The laboratory of pharmacology is being provided with all necessary apparatus for scientific experimentation. In this connection one will also become familiar with the physical and chemical properties of drugs.

It is deemed advisable to give a brief course on the principles underlying biological science, and also to study in a practical way the animal parasites that infest the human body. A systematic discussion accompanied by laboratory work is given of these forms. Each member of the class has the advantage of examining the eggs, microscopic preparation of the animal and, if sufficiently large, the gross features are determined by careful dissection and observation.

The average medical student is exceedingly deficient in his knowledge of physics and electricity. It is essential that a student understand the principles of physics in order to comprehend the science of physiology, and this elementary course includes the physical constitution of matter; the conservation of energy; the mechanics of the lever as applied to muscular action; specific gravity; the laws governing the flow of liquids and their application to the circulatory system; osmosis and diffusion of liquids and gases; radiant energy in its visual, actinic and thermal effects; the theory of the production, transmission and reception of sound; the physical constitution of the ear and eye; the spectral analysis in its practical applications. Much of the time is devoted to experimental work in the laboratory. It is equally important that one who intends to be a physician understands the principles underlying electrical phenomena. This work is given with the special view of the application of electricity in the practice of medicine.

It will be seen that the fundamental sciences of medicine are taught at the University in a thorough and practical way, and under the constant supervision of men who are specialists in their different departments. After the student is well trained in these branches he continues his study of medicine in the clinical branches in connection with the hospital at Vicksburg. On the successful completion of the four year course the degree of medicine will be conferred.

Book Reviews.

The Blues (*Splanchnic Neaurasthenia*)—By Albert Abrams, A.M., M.D., (Heidelberg), Late Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco, Cal. Third Edition just issued, contains a comprehensive chapter on Intestinal Auto-Intoxication. Octavo., cloth, 294 pages; illustrated; price postpaid $1.50. E. B. Treat & Co., Publishers, 241-243 West 23rd St., New York, N. Y.

This little volume, now in its third edition, in spite of its poor construction and apparent jumble of subjects, possesses much merit and its contents will well repay study. The subject of neurasthenia is one of which the general practitioner knows too little, and in this case the author, in spite of his manifest Germanic diction, has made it fairly clear. His theory of the connection between the blues and the condition of the portal circulation is very plausible and the simple remedial measures he advocates belong to that class which deserves a fair trial, in the most perplexing affection of which the little volume treats. While reviewing this work, we cannot but lament that while our medical presses are fairly pouring forth new volumes, very few indeed would pass a critical examination on the English and composition employed, and we hope in the future, now that the medical schools are raising the standard of preliminary education, that we may be spared some of the so-called literature that offends every canon of classic English.

MYERS.

Mortality Statistics, 1906. Seventh Annual Report Department of Commerce and Labor, Bureau of the Census. S. N. D. North, Director.

Like all other publications of this Bureau, there is a wealth of information in these carefully collected statistics. We must regret, with the director, that the report only covers 48.8 per cent. of the total estimated population of the United States; that is only fifteen out of forty-seven states are sufficiently impressed with the great benefits to be derived from a careful registration of the births and deaths. Even Mississippi comes to the front with one lone city where deaths must be registered. To medical men, there is something abhorrent in the idea that there should be no registration of deaths, and there should be an earnest effort to pass such legislation as will place Mississippi in the front rank of all civilized states.

MYERS.

Examination Of The Ear. Selden Spencer A.B., M.D., Instructor of Otology in Washington University, Etc. C. V. Mosby Medical Book and Publishing Co., St. Louis. Price $1.00.

This is a sixty page booklet evidently intended for the use of students taking instructions under the author and as such may be of use. Other uses cannot be accredited to it, since all it contains and very much more can be found in the many good smaller Manuals of Otology.

BELL.

Goepp's State Board Questions and Answers. State Board Questions and Answers by R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume of 684 pages. W. B. Saunders Company, Philadelphia. Cloth, $4.00 net; Half Morocco $5.50 net.

On opening this book one's first thought is "why was it written?" and after examining it the why becomes more insistent. If it be intended to help a lazy examiner get up an average examination, well and good. If as a curio for the physicians of a hundred years hence to smile over as indicative of laxity in medical matters in these days, good again. If as a quiz compend on a large scale to enable students to get up their state board examinatins, or a convenient "jack" to carry into the examination room, better still. But just as the reviewer in his student days never found any compend on anatomy so satisfactory as the book written by Mr. Henry Gray, F. R. S., of St. George's Hospital Medical School, and sometimes everything needed couldn't be found in that, just so in his more mature years he finds no satisfaction in short cuts to knowledge. If there be a member of our Board who wants to see to it that his department of the examination is above the average, let him buy it; but for the student or a man in practice it would be money wasted.

HOWARD.

INTERNATIONAL CLINICS. A Quarterly Of Clinical Lectures And Especially Prepared Original Articles. Edited by W. T. Longcope M.D., Philadelphia. Volume I, Series 18. J. B. Lippincott Co., Philadelphia. Cloth $2.00.

Of the articles in this number that by Lawrason Brown, "The Sanatorium," will undoubtedly be the one most widely read. Duckworth, Fordyce and Deaver also contribute interesting articles. A resume of the year's progress in Treatment, Medicine and Surgery forms a convenient reference such as in this day of copious literature one cannot well do without.

HOWARD.

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CHLOROFORM AND ETHER ANESTHESIA.

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BROOKHAVEN.

Since the administration of anesthesia usually marks the debut of young physicians, and since a perfect knowledge of its administration and its dangers is essentially important to every surgeon, and since even the general practitioner of medicine does not escape the responsibility of its administration at some time, I feel that no apology is necessary for these few remarks on the subject.

From a theoretical point of view we began the administration of anesthetics prejudiced against chloroform and partial to ether as a routine—of course acknowledging the contra-indications for the use of ether in bronchitis and nephritis. By the co-operation and encouragement of Drs. Martin and Wilson, at the Mississippi State Hospital, we were enabled to tabulate records in detail of one hundred cases, which form the basis of our conclusions. We think the length of the table as we kept it would debar its repetition here, since we expect to give figures consolidated from the face of this record.

We kept data under the following heads: color, age, date given, anesthetic used, whether there was bronchorrhea, whether patient went under with ease or difficulty, length of time given, reaction slowly or quickly, stimulation or infusion used or not, operation done, results of anesthetic and remarks.

With reference to color there was no difference of susceptibility that attracted our attention, but the negro race, being less intelligent as a rule and comparatively ignorant of the dangers of anesthesia, are easy subjects to anesthetise. Just in this connection I am persuaded that if we could allay all fear of the anesthetic on the part of the patient before administering, we would have an easy task in the early stage.

Age is an important factor that governs us in the selection of an anesthetic. In the old and young we use chloroform, since in the aged we have sclerosed vessels and do not want to give so diffusible a stimulant as ether, which may cause rupture of a blood vessel, and in children we do not want to prolong the stage of excitement, which necessitates such an irregular

administration of the drug. In the list we have recorded eight cases over the age of sixty years, two of whom were seventy-two years old. Case No. 4, S. M. J., sixty-four years old, strangulated hernia of four days standing; used three and one-half ounces of ether owing to the depression; hernia reduced by section; gangrenous gut found, in which the circulation could not be re-established; resected; operation lasted two hours; patient died one hour after operation from shock, after infusion and heavy stimulation. Another case, No. 7, E. S., age sixty-five; moist progressive gangrene of leg; amputated at upper third of thigh; took chloroform throughout; partially reacted, but died twelve hours later from shock. The other six cases over sixty—three amputations, one enucleation of eyeball, one operation on penis and one hydrocele—all took chloroform throughout, reacted quickly and made uneventful recoveries. There were eleven cases under twenty, two being under ten; all took chloroform except two—one fourteen and one seventeen, who took ether—for amputations of limbs. All made uneventful recoveries.

We kept the date hoping to give some information with reference to differential results of chloroform and ether in different seasons of the year, but owing to the short extent of time from which this record obtains, we are able to reach no definite conclusions along this line. It is believed that the administration of ether has greater predisposition for the complication of pneumonia than does chloroform. Under such convictions we should be less inclined to give ether during spring and winter months than at other seasons of the year. The apparent cause of pneumonia is not any direct effect of the ether itself, or whatever anesthetic used, but is due to the inspiration of infective organisms, and because ether more frequently gives a bronchorrhea, and of a worse degree than does chloroform. It is perfectly legitimate to grant that ether has a greater predisposition to the complication of pneumonia than does chloroform. Post operative pneumonia may be due also to the chilling of the body during anesthesia, and from this cause we do not see why chloroform, which is less stimulative than ether, would not produce a greater tendency to pneumonia than ether. Just in this connection we are persuaded that much shock in many cases could be prevented in prolonged operations by a proper effort to maintain the body warmth while life struggles under so small a centre to maintain circulation and respiration.

The anesthetics used in these cases were: ether alone in 17, chloroform alone in 50, chloroform and ether in 33. Ether will never get a fair trial from young anesthetists, since it is

harder to give and produces often some very ugly symptoms. From the point of view of indication we should say that ether is indicated in all cases except the very old, the very young, the bronchitic, the nephritic, operations about the face and head, in some abdominal cases, in operations on the kidney, in obstetrical cases, when we cannot obtain surgical anesthesia with ether, and in arteriosclerosis. Now apparently we have excluded, I should judge, about three-fifths of the cases from ether and my personal judgment is, that if we are honest in our efforts and statistics, we will hardly be able to give two-fifths of our patients ether alone.

The following indications have governed us in the selection of ether as an anesthetic: the middle aged, in drinkers and men who have lived under high arterial tension from labor or athletic sports, in heart diseases and when chloroform depresses. We found in many cases where there was an apparent indication for the one anesthetic or the other, that the chosen anesthetic was not suited at all and change or combination was necessary from the very beginning. We should be very reluctant to administer an anesthetic, it matters not what the indications might be, without having both anesthetics at hand.

Our methods of administration of anesthetic were briefly as follows: give the patient a mild purge the night before operation, a soap suds enema the next morning, no breakfast except a little coffee or tea and a glass of milk early in the morning, morphine one-eighth grain an hour before operation if nervous, remove anything foreign from the mouth, spray nostrils and wash oral cavity with mild antiseptic solution, grease the face with vaseline, select chloroform or ether according to rules set forth above—always having the other at hand. We prefer the large, open Esmarch cone for the administration of ether. We place over the cone eight thicknesses of ordinary hospital gauze, and protect the eyes with a small towel.

We gave choroform and ether to thirty-three, or one-third of all the cases anesthetised in this series, the basis of indication being a failure of the one or the other given alone, or the development of any symptom which we hoped the other would relieve: *i. e.,* if giving chloroform, and we had great depression of the heart's action, we would give some ether, or, if there was not some strict contraindication for ether, after our patient had passed the stage of excitement with chloroform, we might complete the operation with ether, a method which has proven very popular. By this method we avoid the very unpleasant and irritating effects of ether early, and avoid some of the increased risk which is claimed against chloroform over ether. If giving

ether and the stage of excitement was exaggerated, if excessive bronchorrhea, with asphyxia, became manifest, or if the patient failed to relax after we were persistent in the use of ether, we have not hesitated to give a few drops of chloroform. Often a few drops would suffice and we were enabled to continue the operation with ether.

As to quantity used, this was very variable, but on an average we used, in operations of an hour's duration, something near an ounce and one-half of chloroform. Ether much more variable—usually from one-fourth to one-half pound. Bronchorrhoea is apt to occur in either chloroform or ether anesthesia, but it is much more troublesome and much more frequent from ether. We have often allayed this symptom by mopping out the throat and mouth with a twenty per cent. solution of adrenalin in water; small doses of atropine hypodermically occasionally act well. Patients go under easier with chloroform than with ether.

Length of time given claims attention to the fact that the longer the drug is given the less of it is required to keep the patient under. Of course it is not necessary for us to advise that such a state as anesthesia should not be prolonged one moment beyond necessity. It is not tolerable for any one connected with an operation to cause unnecessary delay in completing the operation. Observe the dictum "make haste slowly."

Nausea does not usually present itself early in anesthesia. Late in the anesthesia it means that the patient is "coming out", and we should at once give more of the anesthetic, which stops the attempts at vomiting. After the operation has been completed this may be a very annoying complication. It occurs more constantly after ether than after chloroform, but is usually more persistent, when it does occur, after chloroform. It is due to the irritating effect of the anesthetic swallowed during the administration. If prolonged, morphine is usually sufficient to control it, but a more rational and a more effective treatment is to wash out the stomach with warm water, and leave an ounce of magnesium sulphate in the stomach to dilute its contents and hasten movement.

The shorter the operation the sooner will the patient react and he reacts more quickly from ether than from chloroform, owing to the greater diffusibility of ether.

Stimulation would rarely be needed, if the anesthetic were the only factor in the operation, but shock, which apparently covers all of the immediate effects from an operation, is often very marked, and this condition needs heroic stimulation of the heart, but we do not believe in giving every heart stim-

ulant in the therapeutic list before the time arrives for stimulation, and even then it is best to confine our stimulants to a few drugs. Stimulation too early wears the heart out with work that was not necessary, and, when the time comes for it to be stimulated, it has been either lashed to death already or the dose has been so large that, rather than stimulate, it poisons and depresses, whereas, if we wait till the stimulation is needed, or we see approaching need, we have a greater reserve of force that can be called out by stimulation.

The drugs we have depended upon principally have been digitalis and strychnine—the latter being quicker in its action and generally preferred. The dose we prefer is one-thirtieth grain and this may be repeated if the occasion demands. After using one-fifteenth grain of strychnine, and yet there is threatened heart failure, we resort to digitalis in fifteen minim doses. In emaciated patients, or those who have lost a great deal of blood during the operation, we resort to infusion by hypodermoclysis or intravenous. A quart, more or less, of saline solution at body temperature, may be used. In severe shock with profuse cold sweating, 1-100 of atropine has proven useful. We do not believe in using morphine after the anesthetic has been started. Oxygen is very useful, especially when the anesthetic has been continued over a long period of time. Symptoms of such gravity as stated above come from the operation, but as the anesthetist has them to treat we have discussed them under this head.

Under the head of operation the record reveals nothing of interest, but includes all cases anesthetised at that time in order, including cases from the least minor to the greatest major. There were apparently no bad after effects from these cases other than complications stated and met as above. Pneumonia occurred in one case. The operation was complete hysterectomy and the wound healed by first intention. The lung involvement was extensive and threatened the life of the patient for a few days, but she was able to sit up by the end of the third week. One case died suddenly after amputation of the leg without apparent cause. This patient took ether and the probable cause was suppression of urine. We are inclined to think that many cases, apparently dying from the operation, if truth was known, die from the after effects of the anesthetic, and most of these, we think, due to ether, as it is more irritating to the kidneys; but it cannot be doubted that ether is safer during the administration.

Two cases had marked tachycardia in rectal dilatation for stricture. We have made several notes of a weak pulse

from chloroform improving under change to ether. Several cases of excessive bronchorrhoea and axphyxia from ether, required change to chloroform.

*WHAT REMEDIES SHALL WE USE?

H. C. BUCK M.D.,

FRIARS POINT.

At the December meeting of this society a set of resolutions from the Kentucky State Medical Association were introduced for our consideration and adoption, the sum and substance of which was that we as a body and as individuals would pledge ourselves to use in our practice only such remdies as are endorsed and recommended by the A. M. A. or the authorized agents of that body, known as the Council on Pharmacy. Consideration and discussion of these resolutions were postponed until this meeting and the members present requested Dr. Gray and myself, each, to prepare a paper bearing on these resolutions and shed some light on the subject.

The section or article of these resolutions that mostly concerns those of us who are of the rank and file of the profession reads as follows: "Resolved, that we request every physician in Kentucky to procure a copy of the abridged U. S. P. and formulary and to be guided by this and the Council on Pharmacy in their use of medicine." I do not know that the Council on Pharmacy sanctions or endorses these resolutions; if they do, it is the most stupendous piece of bigoted egotism it has ever been my misfortune to behold. Who is the great Council on Pharmacy that the U. S. P. should need its endorsement and approval? Are not those men who revised and compiled the U. S. P. fully as well versed in materia medica and therapeutics and as able to advise as to the remedies to be used as those who compose this august body? Certainly it would seem so to me.

Ever since medicine has been known and men have practiced it, there have been various sects or schools of medicine, radically differing in their ideas and teachings regarding disease and the proper remedies or drugs that should be used in the effort to cure disease. In this age we have the alopaths (or regulars as we call ourselves) the homeopaths, the electics, and many others, each one claiming his method the only correct one, and while this is not true, it is true there is much that is good in each of them and much that is worthless in all.

* Read before the Clarksdale and Six Counties Medical Society.

While I admit the Council on Pharmacy is doing a good work, we all know they are the agents of the A. M. A. and that body is the official representative of the alopathic school, hence it naturally follows, as a matter of course, they do not take cognizance of remedies advocated or prepared by other schools.

I believe that if there is any man who should adopt as his motto "prove all things, hold fast (only) to that which is good" it should be the physician, and he should go to the bedside of his patient untrammelled by the dictum of any man or set of men, but free to use the best means at his command to relieve his patient, regardless of the sect or school that recommends the remedy he employs.

That old saying "the powers that be are ordained of God" does not hold good in this day and generation. I have seen instances when I thought his Satanic Majesty had more to do with the ordaining of the powers than did the Supreme Being.

I have always lived in the south, was born before the war, hence I was a rebel and, perhaps unfortunately for me, I have never been fully "reconstructed," therefore that old rebellious spirit that is in me and wont come out gets up on its hind feet when I know any man or set of men are infringing on my rights and I strenuously deny the right of the A. M. A. or any other body of men to dictate to me what remedies I shall or shall not use. I claim that so long as I comply with the laws of the land in which I live I am accountable only to God and my patient for my conduct towards them.

It is not my wish or intention to exploit any remedy or set of remedies. I leave the choice to each individual physician, as he alone should be the best judge as to what is best for his patient. I only plead for freedom, the freedom granted everyone in this great country of ours, freedom of thought, of judgment, of action, untrammelled by the dictum of any man or set of men. I am of the opinion there is more in these resolutions than would be seen by a casual glance and am forced to ask the question, whither are we drfting? There is a spirit of usurpation abroad in the land, seemingly an effort to concentrate or centralize power in the hands of a chosen few; there is a fight being made on the independent medical journal, quite a number claiming they are a menace to the profession and should not exist, that the members of the profession should only subscribe for and read those journals that are the organ of the state or national medical organizations; in some of the states an effort is being made to get a law enacted forbidding physicians dispensing their own medicines and compelling them to send all their pre-

scriptions to the druggist, and now the enthusiastic admirers of the great Council on Pharmacy ask us to pledge ourselves to use only such remedies as they in their wisdom think best for us to use. If these things come to pass truly the medical profession will cut a ludicrous figure; the great *J. A. M. A.* and the state journals will dish out to us such articles as they think we should read; the druggist will give us what we order, if he has it, if not give us something "just as good"; while we, to quote one of our forefathers, can "lie supinely on our backs" and meekly accept whatever is given us. I protest against the resolutions, because in spirit, if not in intent, they throttle all independence of thought and investigation and would make of the medical profession a set of irresponsible, unambitious men, mere pawns in the game of life, moving only as we are told; but in contrast to this spirit of bigotry and egotism, there is, and has been for some time, a spirit of tolerance and liberality, one for the other, in the different schools of medicine, seemingly an inclination to draw nearer together and accept the good each or all may offer and this, I think, should be fostered and encouraged in every honorable way, and I believe I am safe in saying that the liberal-minded leaders in the profession are doing this and do not hesitate to prescribe remedies from other schools than their own and apparently do not hesitate to endorse and recommend them. This is as it should be, but with all due respect to the A. M. A., it does not seem that the present leaders of that body favor such a course; while counsel and advice are good, and should always receive proper consideration and respect, when they become an obligation they are no longer helpful. There are very few well-informed physicians who are willing to discard a remedy they have tried and know to be good, simply because such a remedy is not recommended by the Council on Pharmacy; long years of experience have taught many of us that a remedy that gives good results in the hands of some may prove worthless in the hands of others, again a remedy that is beneficial in treating certain diseased conditions in one person may prove worthless, or very unsatisfactory, in treating another whose symptoms are seemingly identical; hence I say let the medical profession, especially those of us who are country doctors, remain free and untrammelled in treating our patients, but let each of us study our cases and study our remedies and do for our patients what our knowledge and judgment prompt us to do. If we have not a sufficient knowledge of drugs and their effects on the human system to know what to use and what to let alone we have no right to practice med-

icine. If we know these things certainly we do not need the dictation of the A. M. A. When a physician reaches that age or condition wherein he cannot, or will not, be guided by his judgment and knowledge in treating his patients, he should feel in duty bound to those who trust their lives in his care to follow Osler's advice and get on the shelf or take chloroform, be his age what it may. One or two gentlemen made the assertion that the word "nostrums" as used in these resolutions has reference to patent medicines. Allow me to say, Mr. President, that the greater part of the first thirty-five years of my life was spent in Kentucky; I practiced medicine there and have many warm friends among the members of the profession in that state, hence I know whereof I speak when I say that in intellect, professional attainments and gentlemanly courtesy they will favorably compare with members of the profession in any state in the union; hence it is hard for me to believe that members of the State Medical Association would so far forget the courtesy due their professional brethren as to pass resolutions even insinuating they were so ignorant of materia medica and therapeutics as to use patent medicine in their practice; such an insinuation is an insult to the dignity and intelligence of the profession of Kentucky.

To you young men in the profession, those of you who are at the beginning of life's journey, while I am near its close, to you I would say: "Be not like dumb, driven cattle;" be men; think, judge, act for yourselves; cultivate a habit of independent thought and investigation, guided but not controlled by the study and investigation of the learned men of the profession; and after careful study form your own opinions and be guided by them until you are convinced you are in error; be ever open to conviction and ever ready to learn, regardless of who the teacher may be, for often valuable information is derived from very humble sources. Take for your motto the words of Thomas a' Kempis, who said: "Mark not who said this or that, but mark the words spoken." Rest well assured no man can carry your burden; that is for you alone to bear and you alone will be accountable to God and your fellow man for the life you lead. Be assured you will find it the part of wisdom to think for yourselves, study closely the theories advanced and judge them on whatever merits they possess and not on the merit or reputation of the man who advances them. Very soon on your shoulders will rest the responsibility of upholding the honor and integrity of our noble profession; strive to acquit yourselves as true men and prove yourselves worthy of the trust.

*TYPHOID FEVER: REPORT OF CASES.

A. P. ALEXANDER M.D.,

SLEDGE.

Probably I should have given a different title to my paper, but I have a few cases to report to this society that resemble typhoid fever more than any other. I should have said " a report of cases", as I do not feel competent to write a practical paper on typhoid fever, having had very few cases during my five years of practice. These cases that came under my care and treatment last year, five in number, all had some pronounced symptoms of typhoid fever, all ran a similar course, had similar symptoms, and as I could not control any of them with quinine I called it typhoid fever. These patients ranged in age from two to seventeen years, except one who was a man of thirty-two. Two cases occurred in April, two in August and the other in September. I gave all the patients antimalarial treatment, and each time I derived no material benefit from it. After about four days of this treatment I changed to a little pepsin, hydrochloric acid and Fowler's Solution, and each patient recovered in about fourteen days. The fever each time, except one, gradually declined till normal was reached, first in the morning then in the afternoon. All of the patients had a similar onset, beginning each time with a chill, some more pronounced than others, had brownish coated tongues, dry, with red edges and tip, also tremulous; with parched lips with sordes, some very pronounced. Tympany was present in each case, some more than others, and each of them was tender in the right iliac region, with a gurgling sound on pressure. However, I did not attach so much importance to this symptom as we have this in other conditions, and also in health in children. The liver and spleen were usually slightly enlarged and tender. I could never find any rose spots. Two of these patients drank artesian water from the well that supplies all of my neighbors. I could see no local condition around their residence to cause this fever. The remaining three patients lived in the country and drank water from a pump around which stood a large puddle of mud and water. These patients were much sicker in the beginning than the other two, but the course of the fever was about the same. As I did not keep any record of these cases I cannot give the details as they should be, but I shall give the most pronounced symptoms as I recall them.

Case I. J. T., white, male, aged thirty-two, occupation merchant, large, robust man, in good circumstances financially

*Read before the Clarksdale and Six Counties Medical Society.

and comfortable home surroundings. This patient had a chill in Memphis on Wednesday, chill not very pronounced, came home on Thursday afternoon and took to bed immediately. I was away from home at the time but returned on Sunday morning and called on him at once. I found him with a temperature of 101° F., which reached 102° in the afternoon, tongue coated and tremulous, tympany present but not very marked. Slightly tender in right iliac region, liver and spleen almost normal. Patient said nothing hurt him only he just had fever. I gave him anti-malarial treatment good and strong. I gave him, with the quinine he had taken himself, one hundred and eighty grains in about four days. I know my patient was thoroughly cinchonized, from the tinnitus he complained of. The fever gradually went up till a temperature of 103° was reached in the afternoon, but never went higher.

I carried him to the hospital on the eighth day of his illness and put him in the care of Dr. O. S. McCown, at Memphis, who examined him several times very carefully and also had a blood examination made which proved negative to typhoid fever and also malaria. Patient stayed in hospital about one week, when his fever had declined to 102° in the afternoon and then left him suddenly. He came home but had a rise of fever for two or three afternoons.

Case II. A. T., aged six, daughter of first patient. Was sick about two weeks, was bright and never seemed to be very sick except for the fever which ran up to 103° F. on the fifth or sixth day, after which the fever began to decline gradually till normal was reached in the morning, but she had an afternoon rise for several days. This patient's tongue was furred, with red tip. She was slightly tympanitic and tender at usual site. No rose spots. I gave her anti-malarial treatment with no results. This patient suffered less than any of my patients similarly affected, in fact had it not been for the fever she would have been up. When this little girl was able to be up her parents moved to Tennessee and in a few days a servant boy was sick for some time with a similar fever, and a little later a little cousin of the patient, who was living with them, was attacked with a similar fever, and an uncle of hers, who was with her during a part of her illness, had a severe attack of typhoid fever, but he had gone to Arkansas and was attacked a few days after reaching there. So many of these in the same family led me to believe that my patients had typhoid fever in mild form. Taylor and Wells give duration of typhoid fever in children from eight to fourteen days. This last patient was sick about six weeks. Of course he could have contracted the disease elsewhere but it seems prob-

able that he did not. Cases number three and four were in the same family and drank water from the pump mentioned above. Each of these patients had been in the state only about one month, having moved from Tennessee.

Case III. Baby S., white, female, aged three. I was called to see her on the fourth day of her illness. She had very high fever and had had no treatment except a little calomel to keep off spasms, as her mother said. She was very nervous. I diagnosed the case as one of malaria and gave strong doses of calomel and quinine in acid solution. About nine o'clock that night I was again called to see her and found her very sick, nervous, pulse fast and weak, and bowels badly swollen. I gave her high enemas until her bowels acted, and by morning she seemed to be much better, with scarcely any fever. Her fever returned in the afternoon but never ran so high as on the previous day. I continued to give her quinine for several days but it had but little if any effect on the fever. The patient's tongue was dry, and lips parched, with sordes. She had fever for about fourteen days, which gradually declined until normal was reached.

Case IV. L. S., male, white, aged seventeen. This patient had a chill at the time of my first visit to his sister; his fever was not high. I gave him calomel and quinine in abundance but it had no effect on the fever. This patient was very sick. He was quite tender in right iliac region and was tympanitic. This boy's fever ran up gradually to about 103½° F. and then began to decline in the same manner. He had about such a tongue as the other patients.

Case V. Baby M., white, female, aged two. Family used water from same pump as above stated. I first saw this little patient in my office and found her with a temperature of 105° F. She had been sick two or three days. I gave her calomel and quinine and advised them to carry her home at once and give her a tepid bath. I visited her next day and found her with high fever but not as high as the day previous. Her bowels had not acted, so I gave her an enema and got fairly good results. I gave her more calomel and quinine but her fever ran about such a course as patieint No. III, in fact the two cases were very much alike.

These cases, as you will see, all had fever about fourteen days; quinine had no effect on fever; fever was usually higher in the afternoon; all had a similar tongue; all tympanitic and tender in right iliac region, and all were constipated. Patients Nos. III and V had very high fever in the beginning. Now could these cases have been a hybrid fever or were they a light form of typhoid fever?

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

If we can rely upon the reports made by insurance agents, many of the doctors in Mississippi have proven as weak-kneed and backboneless as was predicted by the medical director of a leading life insurance company, which I gave to the *Monthly* last year, when we were fresh from Gulfport and full of fight and enthusiasm.

While I do not fully credit the statements of these insurance men, who claim to be able to get their work done by reputable doctors in almost every community, I do strongly suspect that some of the brethren have fallen from grace, hard as it may be for us to comprehend how any high-toned or ethical doctor could, from cupidity or jealousy or easy virtue, submit himself to be used by a few obstinate insurance companies, to counteract the deliberate and mature resolutions of his guild—in other words to become a "scab" to break a strike for our just demands.

All the companies doing business in this state, recognized the justice of our demands and yielded generously and gracefully, except the New York Life, which declares emphatically that it will not yield one jot or tittle, and it is the mercenaries of this company who are busily engaged in attempting to suborn perjury, by circulating reports that many of our friends over in the other community or county are accepting their work on the graded fee plan.

I have recently written the Missouri State Life to find how they stand on this matter, but got no reply. I have been informed that this company will pay five dollars if you send in a bill for that amount, but if, as in the usual course of such business, you leave it to it to remit at its regular time, it will remit according to the graded schedule.

The Union Central also falls into this misunderstanding occasionally, though the home office will remit the proper amount when reminded.

A letter to the Prudential brought a reply that was not entirely satisfactory.

Don't listen to these siren songs, brothers. These same men are having the time of their lives getting their examinations made, even if we do occasionally find doctors who "crook the pregnant hinges of the knee where thrift may follow fawning".

There is one error, however, which many of us have fallen into which should be stopped at once—it is the idea that we are after the five dollars only for each examination, and that to come from the company. This is wrong. There is a principle involved, and it is a plain violation of our resolutions. We could as well accept the extra two dollars from the insurance solicitors.

We should have no business, at any price, with an insurance company which refuses to pay a flat rate of five dollars for all examinations.

Any other view of the case is a sordid one, and unworthy of our high vocation.

Brothers! shall we stand together and continue this fight? Are we to be balked by one or two insurance companies? Surely not. Our very survival as a proud and independent profession, which is absolutely indispensable to every government, in peace as well as in war, depends upon our community of interest—our solidarity—our willingness to subordinate our individual welfare to that of the profession.

Speaking for my own section, the Delta, with a very few exceptions, perhaps four in all, we are like a stone wall.

There are few, very few, who are hiring themselves to these corporations at ten dollars a day plus the graded fees, but they will not continue to do this long. While our Medical Association did not see proper to make it a test of membership, it is a fact that these men are not cordially received in our county societies, and will soon, by common consent, become Ishmaelites of the profession, and any hope of professional preferment in the future will be doomed to disappointment.

Let our councilors get busy at once and place this matter in its proper light before these misguided young men, who would sell their birthright for a mess of pottage.

H. L. Sutherland.

Association Presidents.

J. M. TAYLOR, Corinth.

President 1873-4.

J. M. Taylor was born in Jackson County, Ga., January 12th. 1827 and died at his home at Corinth December 27th. 1895, of apoplexy, being sick only one day.

Dr. Taylor came to Mississippi with his father in 1839 and settled at old Danville, then in Tishomingo County, now in Alcorn. He attained his majority on the parental farm, attending college and working on the farm alternate years. He read medicine under his brother, Dr. W. A. Taylor, attended a course of lectures in Louisville in 1848-9 and graduated from the Jefferson Medical College in 1850, settling in Griffin, Ga., where he married Miss Mary Cox, October 8th. 1851. A short time after this he returned to Mississippi and settled at Rienzi, where he remained until the outbreak of the civil war.

Dr. Taylor entered the southern army as surgeon of the 26th. Mississippi and served with this command until the fall of Fort Donelson, when he was captured and after many transfers was finally sent to Johnson's Island, where he remained until the close of the war. Returning to Mississippi he settled at Corinth, where in 1867 he contracted a second marriage, with Miss Sallie Murray, a cousin of his first wife.

Of the eight children by the first marriage, only four lived to maturity. The youngest is a practitioner of Corinth. The three children by the second wife are long since dead.

C. M. Taylor M.D.

P. F. WHITEHEAD, Vicksburg.

President 1874-5.

Peter F. Whitehead was born in Winchester, Ky., June 9th. 1838 and died at Vicksburg, Miss., September 5th. 1878, being one of the victims of the yelow fever epidemic. He graduated from the Jefferson Medical College, Philadelphia, in 1860 and served as resident surgeon of the Blockley Hospital the succeeding year. After leaving Philadelphia he settled at Independence, Mo., where he remained until the outbreak of the civil war, when he enlisted as a private in a Missouri regiment. Shortly afterwards he was commissioned surgeon in the Missouri State Guard and assigned to duty at Gen. Price's headquarters. When the State Guard was mustered out in 1862 he re-en-

listed, at Corinth, Miss, as a private in the Confederate service, but a few days later was commissioned surgeon of the Third Louisiana Regiment and was on duty at Vicksburg during the memorable siege. Later he served as Chief Surgeon of Gen. Loring's division, with which command he surrendered at Greensboro, N. C., in April 1865.

Returning to Vicksburg, where he married Miss Irene Cowan just before the surrender, Dr. Whitehead began the practice of his profession and here he lived the remaining years of his life. His untimely end was a signal for general mourning and the estimation in which he was held is well expressed in the following testimonial from the *Courier-Journal*:

"Dr. Whitehead is dead. He was a Kentuckian and Kentucky may well be proud of her son, * * * * She has none left that was nobler than he. He was the very type of a perfect man—strong as a lion, gentle as a woman, handsome as a god. * * * * Nature had placed the stamp of nobility upon his brow, and he who ran might read it. When the fever broke out he might well have gone as others did. His practice was confined to a class of people who have the means to go north every summer, and who had gone this time, but he stood by his people in their hour of need, and he died in the cause of humanity."

Transactions 1879.

Mississippi State Medical Association.

Clarksdale, Miss., May 23rd. 1908.

To the Members of the Mississippi State Medical Association:

I submit herewith a compilation of some medical statistics, which I have just completed, and I must say the results are not flattering to the pride of any member of the Association.

A membership of less than fifty per cent. calls for an active, earnest and sustained work on the part of every member, and especially the officers. The councilors and county secretaries are the mainspring of the organization, and upon them will fall the greatest burden of the work, but they cannot do it all, and it is the duty of every member to give them the most hearty and loyal support.

The goal set for this year's work is twenty-five per cent. increase in membership, and I believe we shall reach it.

I shall keep you informed of the progress we are making in each councilor's district and each county.

Very sincerely,

JAS. W. GRAY,
President.

1st. District—T. M. Dye, Sherard, Coucilor.

Clarksdale and Six Counties (Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie, Tunica)—T. M. Dye, Sherard, Sec'y.....	126 physicians..	85 members
Washington—W. L. Howard, Greenville, Sec'y..	51 physicians..	30 members
Leflore—W. B. Dickens, Greenwood, Sec'y....	30 physicians..	17 members
Total	207 physicians..	132 members

2nd. District—J. B. Bullitt, University, Councilor.

Calhoun	11 physicians.....	
DeSoto—A. J. Weissinger, Hernando, Sec'y...	23 physicians..	13 members
Grenada—J. W. Young, Grenada, Sec'y.....	15 physicians..	10 members
Lafayette—P. W. Rowland, Oxford, Sec'y.....	30 physicians..	13 members
Marshall— R. A. Seale, Holly Springs, Sec'y..	25 physicians..	16 members
Panola—J. M. Anderson, Sardis, Sec'y.....	38 physicians..	14 members
Tate—W. D. Smith, Senatobia, Sec'y.....	23 physicians..	14 members
Yalobusha—S. L. Cox, Water Valley, Sec'y...	26 physicians..	10 members
Total	191 physicians..	90 members

3rd. District—W. C. Spencer, Verona, Councilor.

Alcorn	20 physicians.....	
Benton	10 physicians.....	
Ittawamba	25 physicians.....	
Lee—H. M. Anderson, Tupelo, Sec'y.....	35 physicians..	11 members
Pontotoc—O. F. Carr, Pontotoc, Sec'y.....	26 physicians..	12 members
Prentiss—J. F. Taylor, Booneville, Sec'y.....	23 physicians..	17 members
Tippah—R. M. Adams, Ripley, Sec'y.....	22 physicians..	8 members
Tishomingo—A. F. Whitehurst, Iuka, Sec'y...	15 physicians..	7 members
Union—S. E. Eason, New Albany, Sec'y.....	24 physicians..	13 members
Total	200 physicians..	68 members

4th. District—P. R. Brown, West Point, Councilor.

Chickasaw—J. A. Evans, Houston, Sec'y.....	20 physicians..	14 members
Choctaw—A. E. Reed, Chester, Sec'y.....	20 physicians..	11 members
Lowndes—J. W. Lipscomb, Columbus, Sec'y...	30 physicians..	13 members
Monroe—J. B. Sims, Aberdeen, Sec'y.....	35 physicians..	23 members
Clay-Oktibbeha—F. M. Smith, West Point, Sec'y	32 physicians..	24 members
Total	137 physicians..	85 members

5th. District—C. M. Coker, Yazoo City, Councilor.

Attala— J. H. Portwood, Kosciusko. Sec'y...	25 physicians..	17 members
Holmes—J. H. McBee, Lexington, Sec'y.....	44 physicians..	23 members
Madison—V. S. McLellan, Canton, Sec'y.....	30 physicians..	7 members
Tri-County (Montgomery, Carroll, Webster)— J. W. Barksdale, Vaiden, Sec'y.....	60 physicians..	28 members
Yazoo—W. D. McCalip, Yazoo City, Sec'y.....	44 physicians..	22 members
Total	203 physicians..	97 members

6th. District—S. W. Johnston, Vicksburg, Councilor.

Claiborne—G. W. Acker, Port Gibson, Sec'y..	18 physicians..	11 members
Hinds—J. D. Miller, Jackson, Sec'y.....	65 physicians..	37 members
Issaquena—W. H. Scudder, Mayersville, Sec'y	12 physicians..	5 members
Rankin—A. C. Norman, Cato, Sec'y.....	20 physicians..	11 members
Sharkey—L. E. Martin, Anguilla, Sec'y.....	15 physicians..	9 members
Warren—S. W. Johnston, Vicksburg, Sec'y...	46 physicians..	21 members
Total	176 physicians..	94 members

7th. District—H. F. Tatum, Meridian, Councilor.

Kemper	21 physicians.....	
Lauderdale—H. S. Hairston, Meridian, Sec'y..	57 physicians..	26 members
Leake	28 physicians.....	
Newton-Neshoba—W. H. Banks, Engine, Sec'y	45 physicians..	25 members
Noxubee—E. M. Murphey, Macon, Sec'y.....	28 physicians..	9 members
Scott—J. P. Burnham, Lake, Sec'y.....	23 physicians..	10 members
Winston	20 physicians.....	
Total	222 physicians..	70 members

8th. District—D. J. Williams, Ellisville, Councilor.

Clarke-Wayne—J. A. McDevitt, Shubuta, Sec'y	31 physicians..	11 members
Covington—H. F. Garrison, Seminary, Sec'y..	25 physicians..	10 members
Jasper	15 physicians.....	
Jeff. Davis		
Jones—W. S. Cranford, Laurel, Sec'y.....	30 physicians..	23 members
Lawrence—P. R. Polk, Oak Vale, Sec'y.....	20 physicians..	11 members
Simpson—A. E. Kennedy, Magee, Sec'y	17 physicians..	8 members
Smith—J. T. Carr, Summerland, Sec'y.....	15 physicians..	8 members
Total	153 physicians..	71 members

9th. District—J. S. Ullman, Natchez, Councilor.

Adams—J. S. Ullman, Natchez, Sec'y.....	24 physicians..	16 members
Amite—R. M. Butler, Liberty, Sec'y.....	21 physicians..	6 members
Franklin—L. Costley, Meadville, Sec'y.....	18 physicians..	6 members
Jefferson—J. C. McNair, Fayette, Sec'y.....	20 physicians..	12 members
Tri-County (Copiah, Lincoln, Pike)—D. W. Jones, Fernwood, Sec'y.....	91 physicians..	59 members
Wilkinson—C. E. Catchings, Woodville, Sec'y	14 physicians..	7 members
Total	188 physicians..	106 members

10th. District—P. A. Carter, Hattiesburg, Councilor.

Hancock	18 physicians	
Harrison— W. W. Cox, Lyman, Sec'y	44 physicians	28 members
Jackson—J. N. Rape, Moss Point, Sec'y	20 physicians	14 members
Lamar		
Pearl River-Marion	20 physicians	
Tri-County (Forrest, Perry, Green)—S. L. Knight, Hattiesburg, Sec'y	40 physicians	31 members
Total	142 physicians	73 members
Total for state	1,812 physicians	886 members

Society Proceedings.

Forrest County Medical Society met in the first of its post-graduate meetings in the apartments in Commercial Club Rooms, Hattiesburg, on Monday evening, July 6th., at eight o'clock, with President Stevens in the chair. The meeting was well attended, all instructors were on hand and qualified to elaborate their respective topics. Clinical cases: President Stevens presented a colored woman about forty years of age with an exaggerated gastroptosis. L. H. Martin reported a case of urethral chancre which proved to be of much interest. L. B. Hudson reported a case of urethral obstruction by an enlarged prostrate in a negro man of about eighty years of age, which elicited some interesting discussion. Post-graduate course: Kidney—Anatomy by L. H. Martin, Physiology by L. B. Hudson, Composition of Urine by L. W. Bayne. As stated above, these instructors were all present and acquitted themselves most admirably, L. H. Martin demonstrating from the kidney of a sheep. W. W. Crawford, J. D. Donald and President Stevens expressed themselves as highly pleased with the manner in which the post-graduate course had been taken up, and predicted a bright future for it. The society will meet every Monday evening at eight o'clock.

Book Reviews.

A TEXT BOOK OF SURGICAL ANATOMY. By William Francis Campbell M.D., Professor of Anatomy, Long Island College Hospital. W. B. Saunders Co., Philadelphia. Price, cloth $5.00, half morocco $6.50.

This book will be found the greatest aid to student and

practitioner in mastering the essentials of practical anatomy, and with its three hundred and nineteen splendid original illustrations is a very valuable volume. No attempt has been made to present all the anatomic data. Those facts have been selected which have a practical bearing and those structures and regions emphasized which have a peculiar interest for the surgeon. The author has kept in view the fact that surgery is anatomy practically applied and that the "anatomical mind" is as essential to the surgeon as the "aseptic conscience."

MARTIN.

INTERNATIONAL CLINICS—A quarterly of illustrated clinical lectures and especially prepared articles. Edited by W. T. Longcope M.D., Philadelphia. J. B. Lippincott Co., Philadelphia. Price $2.00.

The Treatment of Hemoglobinuric Fever by Deaderick of Arkansas is the title of an article in this issue of the Clinics that should be read by every practitioner in the south. There are a number of other interesting papers—notably two—on Recent Research Into The Pathology Of Malignant Disease and Treatment By The Inoculation Of Bacterial Vaccines.

HOWARD.

SURGERY. By John Wyeth M.D., L.L.D., Professor of Surgery in New York Academy of Medicine; President of the Medical Faculty of, and Surgeon in chief to the New York Polyclinic Medical School and Hospital. Ex-President of the American Medical Association and of the New York State Medical Association, etc. Marion Sims Wyeth & Co., Publishers, 244 Lexington Avenue, New York, City. Price $5.00

As more and more of the world's investigators enter this field the more valuable becomes the science of surgery and the greater becomes the mass of results from these investigations, and in view of these facts the frequent revision of surgical texts is now more imperative than in former years. In this book, "Wyeth's Surgery", all of the original illustrations which related to modern technique and as much of the text as deals with the science and art of surgery as accepted and practiced at this date have been retained and many new illustrations have been added, making eight hundred and fifty-four in all, of which fifty-seven are colored. Special attention has not only been given to major operations but also to the details of minor surgery, so much of which falls to the lot of the general practitioner. The arrangement of the various subjects makes it a quick and attractive reference book.

MARTIN.

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A PLEA FOR A MORE THOROUGH AND OPTIMISTIC TREATMENT OF PULMONARY TUBERCULOSIS IN PRIVATE PRACTICE.

M. D. ETHRIDGE M.D.,

SANDERSVILLE.

The modern custom of living in overheated and ill-ventilated houses, together with our strenuous pursuit of the dollar, has caused an alarming increase in pulmonary tuberculosis. Effective measures must be taken to combat the disease, for not one in ten of the victims can stand the expense of being cared for in a special institution. If its ravages are checked, it must be done by a system of treatment that may be used regardless of climate, and in special practice. It is the purpose of this paper to make some suggestions toward such a system, and to make a strong, earnest plea for a careful and optimistic treatment by the general practitioner.

Heretofore about the only attention the consumptive got from the family physician was a course of cod-liver oil, later supplanted by whiskey and morphine, atropine for night-sweats, and either an ominous silence as to prognosis or else the patient was told that he merely had a severe cough while the family was informed that his condition was hopeless, "consumption" being incurable.

But it is now demonstrated beyond cavil that pulmonary tuberculosis is curable, not only in the incipient stage but often in the advanced stages; and that even in seemingly hopeless cases an arrest may often be secured with several years' life added in comparative comfort. So the physician who pursues a do-nothing policy in this disease, though his practice be in the lower stations of life, is recalcitrant to his duty; and where the patient will give hearty co-operation a guardedly optimistic prognosis should be given.

An early diagnosis is of prime importance. Here is where we are ahead of the physician of a decade or two ago. To-day one may buy a microscope about as cheaply as an operating table; and they are such an aid in treating disease in general practice that it is the duty of every physician to own one or have ready and immediate access to one. By its use we may

detect tuberculosis in its incipiency, before the physical signs are well developed. Really, though, I believe the average physician fails to make intelligent use of the practical signs. One reason for this is that few colleges give their students practical experience in diagnosing incipient phthisis.

The diagnosis made, the physician should isolate the patient and care for his sputum. By isolation I do not mean exclusion from all society. When the patient cares for every bit of the sputum expectorated, by the use of a waterproof, burnable cuspidor, all practical danger of the disease is removed. But it is the medical attendant's inflexible duty to see that this is done. It is a duty that he owes not only to the patient and his family, but to the public in general. Then see that he is not worried by visitors or neighbors who tire him by conversation and who are continually suggesting remedies.

When it comes to treatment proper, all ancient rules and customs must be swept mercilessly aside. The medical treatment is practically "cut out". Creasote, which disturbs the stomach, loathsome cod-liver oil, and "tonics" have been relegated to the past, while alcohol in any form is positively harmful. Never give a phthisical patient a mercurial. Some internal medication may be used for special symptoms, but the essentials of treatment are pure air, an abundance of nourishing food and rest or restricted exercise. You may readily see that all these may be obtained regardless of climate, though the food may be of considerable expense.

Constant breathing of pure air is the most important of all remedial measures. This should not be restricted to sunshiny days or pleasant weather, but the patient should sit in a comfortable chair or recline on a cot on a wide porch or veranda throughout the day, and he should sleep there summer and winter. He will rebel at the idea at first, but after he tries it a few times will actually come to enjoy it. One end of the porch may be fitted with waterproof ducking which may be let down in rainy weather to prevent the rain blowing in, and it may be used in summer for shade. I believe in the virtue of sunshine, however, and think the patient should have the sun a couple of hours daily, at least.

For sleeping, a narrow-width metal bed-stead with comfortable springs may be used in preference to the cot if the patient so desires. The room should be used mainly for dressing, etc. If used at all for sleeping in inclement weather, it should have abundant means of ventilation, and these means should be used. A tent can be used for this purpose, but we must remember that a tent requires ventilation no less than a room.

The idea that night air *per se* is injurious, or that cold precludes out door sleeping, has no foundation in fact. It is only a question of using sufficient covering, and when one is once accustomed to it, it takes no more covering than within a close room.

Along with the question of pure air, the question of rest or restricted exercise may be solved. In all fever cases there should be as near absolute rest as possible. Anyone should see the folly of exhausting the patient's strength by exercise when he is already thin, weak and fighting a disease that is constantly pouring toxins into his system. Moreover the principle of rest is one that underlies the healing art. "Rest to the affected part" is the first rule in treating inflammation. Of course we cannot give to the lungs absolute rest, but by keeping the patient quiet we reduce pulmonary activity to the minimum, while the lungs yet take in sufficient oxygen if a pure atmosphere is breathed. When there is an active pulmonary lesion, practically all exercise induces labored breathing with consequent irritation to the affected part.

No rest is so complete and helpful as rest in the recumbent position; therefore lying on a comfortable cot on a wide porch or elsewhere in the open air is the best means of giving rest to the tubercular patient. An easy rocker may be substituted when the patient tires of the cot, though it is best to enforce so many hours of cot duty daily. In cold weather the patient should be well wrapped up and a hot water bottle, or other device, may be used for keeping the feet warm. As the activity of the lesion declines and strength increases, restricted exercise may be allowed. This exercise should be light, never enforced by rote, and of a kind that is pleasant to the patient.

Oxygen is one of the best tonics obtainable, so if the patient sleeps and lives in the open air he will never want for appetite; and his feeding should be pushed to the highest degree possible till the lesion improves and normal weight is regained. Proteid foods should be mainly used—beef, ham, fowl, milk, eggs, etc. Beef is one of the very best of food articles, supplied as rare, tender steaks and roast beef. Pork induces intestinal troubles, but ham serves very well, and bacon has a distinct value. Taken once or twice daily, it is readily digestible and has high nutritive value. Milk is invaluable, and cheese is fine when so rich a food can be assimilated. Acids, most fruits and all vegetables are to be avoided, as also tea, coffee and all stimulants. One reason for withholding drugs where at all possible is the disturbance they may cause to the stomach.

In all fever cases between-meal feeding should be em-

ployed, using milk and raw eggs for this purpose. The schedule for feeding could be arranged like this:

7 a.m. Breakfast, a full hearty meal.

10 a.m. Two raw eggs and two glasses of milk.

12:30 p.m. Dinner.

3 p.m. Two raw eggs and a glass of milk.

6 p.m. Supper.

9 p.m. Bedhour. Glass of milk.

Ice-cream may occasionally be substituted for the eggs and milk. Forced feeding will often beget an appetite where it is partially wanting. I have noticed that night-sweats and diarrhea generally cease within a fortnight after the institution of proteid feeding conjoined with rest and pure air.

Where there are laryngeal complications, local treatment is necessary. This should not be cocaine and silver nitrate or the curette as was formerly used, but direct cleansing applications once or twice daily. This is done by placing the tip of the spray behind the epiglottis and thus directly spraying the inner laryngeal surface, or by swabs of absorbent cotton on an intra-laryngeal applicator. Dobell's solution or tar-water may be used, and in addition a solution of formalin, from two to ten drops of the official liquor formaldehydi to an ounce of distilled water, should be used for its local destructive effect on the bacilli. Remember that it takes a week or two for the patient's throat to become accustomed to the formalin, so that the application will not cause pain.

One should not hope to cure nearly all cases, but such treatment as this, conscientiously carried out, will give surprising results. A large per cent. of cases will be cured and many more will secure an arrest, so that they may live many years and yet pursue some useful and remunerative avocation. In even the worst cases you will at least prevent the spread of the disease to others, and enlighten the family and the public in the care and prevention of the disease. My personal experience coupled with two years close observation in the west has shown me the value of these measures, and that it is on them the western physicians rely, and not on their climate, which, in some respects at least, is inferior to that of Mississippi.

Many different varieties of sputum-cups and other devices have been used for collecting and destroying the sputum of tubercular patients, but the most satisfactory one of these is the cup originated by Major Appel of the army medical service and manufactured by Seabury and Johnson. It is perfectly waterproof, burnable, neat, convenient, and its cost is small. There are two forms of it—one that fits in a metal frame, for

patients not exercising, and the pocket cuspidor, that neatly folds, with a bit of absorbent cotton in it, for ambulant patients or those going in public. It is neat, unobtrusive, and no patient can object to using it on the street. Remember that if your patient collects and destroys his sputum, he cannot spread the disease to others or re-infect himself. I will add that I have inquired for and failed to find this or any other form of burnable sputum-cup in the drug-stores of the leading towns of the state!

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*ENTERO-COLITIS.—TREATMENT.

S. P. KLOTZ M.D.,

SUMMIT.

Before we can discuss treatment, we must first consider what we wish to convey when we speak of entero-colitis. In a general way, we may say that it is a catarrhal inflammation of the lower portion of the small, and of the upper portion of the large, intestine. Should the condition become chronic, as it often does, there is a great probability of ulceration of the intestinal glands. Accompanying this condition, the principal symptoms are fever, vomiting, diarrhoea, pain and gradual or rapid emaciation.

Unfortunately there is no special treatment upon which we can rely for this disease, so often found in infancy and early childhood. A line of treatment depends upon the doctor and the special symptoms he has to overcome.

As to prophylactic treatment, we should remember that the milder forms of diarrhoea, and also cases of gastro-enteritis, should receive prompt and energetic treatment from the start, before serious changes take place in the intestinal tract.

As to the hygienic treatment, a change of air is often desirable, but in most instances is not practicable.

Special care must be given to the diet: milk and all foods leaving any residue must be stopped temporarily, and beef juice, broths, and liquid peptonoids given for some time. Barley and rice water, a little later, are often well borne.

As to medical treatment we must be guided by conditions; when there are vomiting and diarrhoea, it is frequently advisable to employ gastric lavage. When vomiting stops or moderates considerably, begin with free purgation, irrigate the colon, stop all food for twenty-four hours. We may begin by giving calomel one-fourth grain every hour for four or five doses,

* Read before the Tri-County (Pike, Lincoln, Copiah.) Medical Society.

followed by castor oil about four hours after the last dose. For pain or tenesmus, opium in some form has to be used. Camphorated tincture, morphine or Dover's powder may be used. Dover's powder in small doses, frequently repeated, often works well.

As the colon is involved in the disease, irrigation is valuable. At least a gallon of saline solution should be injected high into the colon through a rectal tube, about twice a day. In cases of severe tenesmus, great relief is often given by enemas of starch solution to which are added five to ten drops of laudanum. Should tenesmus not be relieved by these means, and should it be persistent, often resulting in prolapsus ani, suppositories of opium, belladonna and cocaine usually give relief.

When the disease continues in a sub-acute state for two or three weeks, with low temperature, stools reduced to four or five a day, it is best to stop all medicines and attend to the diet, with colonic irrigation three or four times a week. Holt says that we will often be surprised to see how much better, in many cases, our little patients will do, under these circumstances, with no medicines at all.

Sometimes, through neglect or improper treatment, or in spite of whatever treatment employed, cases of acute entero-colitis run into chronic entero-colitis. In these cases all the resources of physician, nurse and parents are called into play, and taxed to their utmost. Very little is to be expected from drugs, and it is a great mistake to dose these little patients with various powders and anti-diarrhoeal mixtures. We must give alcoholic stimulants, predigested foods, and watch the diet carefully, noticing the effect of whatever food is used, and especially the effect on the stools and their character. These cases sometimes become extremely emaciated, and, in some cases, inunctions of cocoa-butter or cod-liver oil may promote nutrition and save life. There is hardly an old practitioner who will not testify to the value of cod-liver oil inunctions, and who cannot recall some case which he thinks was saved by inunctions of cod-liver oil.

Change of air is one of the very best measures in this complaint, more so, even, than in any other disease known.

As to drugs, an occasional dose of an opiate when the stools are very frequent may be of benefit. More reliance is to be placed on a daily enema and dietary measures than upon anything else. Though a trying and discouraging condition to deal with, some cases are very gratifying by an occasional astonishing improvement as the reward of extreme care and watchfulness.

*STRANGULATED HERNIA—HERNIOTOMY—RECOVERY.

W. B. JOHNSON M.D.,

ROSEDALE.

There are several reasons which lead me to report the following case. Among them the great interest shown by most physicians in cases that come under the head of emergency work, the facility with which such operations can be performed and the absolute necessity for immediate action on the part of the physician in such cases, and last the pleasure of being able to have the patient come before the society to show the result of the operation.

Dan Frazier, negro, twenty-eight years old, well built and muscular, had hernia since childhood, though for the last year it has not appeared. He has always been able to reduce the hernia and wore a truss for a number of years. Bowels have always been regular.

About eight o'clock in the morning of August 1st, while working in a saw mill, patient was struck on the abdomen by a heavy piece of timber while he was lifting another piece. There was a sudden pain in the left groin and the hernia appeared. He was not able to reduce it and it grew larger and more painful.

At eleven o'clock he was brought to our office in a state of shock, pulse rapid and feeble, extremities cold and bathed in profuse perspiration. Morphia gr. ½ and strychnia gr. 1-30 were given by needle, and an attempt made by my partner, Dr. Sutherland, and myself to reduce the hernia, which had extended into the scrotum and was the size of one's head and tympanitic. Attempts to reduce by taxis were unsuccessful. Under profound chloroform anesthesia and in the Trendelenburg position, taxis was again tried, with the same result. There was but one thing left; an operation.

The anesthetic was discontinued and the patient's consent obtained for an operation. He was catheterized and prepared. Under chloroform, an incision three inches long was made, parallel to and a little above Poupart's ligament. The aponeurotic fibres of the external oblique, internal oblique and transversalis muscles were separated over the tense tumor mass, the peritoneum nicked and then cut toward the external ring. The cord could not be left above, in front or below the sac. The constriction was, even after this incision, too great to allow the reduction of the hernia. The internal ring causing this constriction was cut outward in the line of the incision. A yard

* Read before the Bolivar County Medical Society.

of small intestine was removed from the scrotum. Its veins were congested and dark but, with restored circulation after the removal of the constriction, its color quickly improved.

There were no signs of rupture or gangrene so the bowel was replaced in the abdomen. The sac was firmly adherent to the scrotal tissues and was dissected out. It was separated from the cord and the neck divided circularly, after which both mouths were closed with continuous sutures of ten-day cat-gut. The cord was held up and the aponeurotic fibres of the internal oblique and transversalis muscles sutured with a continuous stitch of cat-gut to the outer edge of Poupart's ligament, making a new internal ring and bed for the cord which was covered by the aponeurosis of the external oblique muscle, which was sutured in the same way to the outer edge of Poupart's ligament. This last row of sutures was passed through the superficial and deep fascia as well, thus leaving no unapproximated space in which fluid might accumulate and act as a nidus for infection.

The skin incision was closed with interrupted sutures of silk-worm-gut, a few fibres of which material were placed in the outer end of the wound for drainage. The wound was covered with a piece of gauze moistened with a 1-1000 solution of bichloride of mercury, which was covered in turn with cotton and sealed with collodion. A pad and spica bandage were put on and the patient taken home on a stretcher.

The kidneys acted during the night and the bowels about thirty hours after the operation, two compound cathartic pills having been given and followed by Epsom salts and enemas. Hiccough was annoying the first day after the operation. Hot mustard plasters were kept on the stomach and upper abdomen. Bowels acted every twenty-four to thirty-six hours. The wound was dressed on the third day and one or two slight stitch abscesses drained. On the fifth day the drain and one stitch were removed, letting out about fifteen drops of thin pus. The wound quickly healed and on the seventh day all sutures were removed. The morning temperature ranged from 98 2-5 to 100° F.; pulse from 85 to 100 beats per minute, during the first seven days. The afternoon temperature during this time ranged from 99 1-5 to 101 3-5° F., pulse from 93 to 108.

After the first week there was no elevation of temperature and the patient was allowed to eat solid food. Only crushed ice was given the first twenty-four hours. Patient was allowed to sit up on the fourteenth day, but was advised not to work for a month longer.

*PUERPERAL SEPTICEMIA.

H. P. REID M. D.,
RENA LARA.

Puerperal septicemia, lying-in fever, puerperal sepsis are all synonomous terms used to express the same condition; *i. e.* a septic fever arising at the time of the puerperal period. I won't attempt to give the etiology of this condition as there is no special causative organism. It may be caused by any organism capable of producing inflammation and consequent absorption of its products or else the direct entrance of these pathogenic microbes into the blood and the liberation of their toxins there.

Clinically this gives us two forms. First, sapremia or putrid intoxication, due to the retention of some blood clot or some of the placental membranes in the uterine cavity with consequent putrefaction and absorption of the ptomaeines formed. This is generally the mild form. As these ptomaines themselves are incapable of reproducing themselves in the blood, the symptoms vary with the amount of culture media present, the toxicity of the ptomaines formed and the rapidity of their absorption. Generally the symptoms begin from one to three or five days after labor and consist of a feeling of malaise, chilliness, headache and some temperature. They may begin with a severe chill and high temperature if the amount of poison thrown into the blood is very large.

In the second condition or true septicemia we have a very different condition. Here we have the invasion of the tissues themselves with some pathogenic organism and their consequent absorption into the blood, increasing very rapidly and forming corresponding amounts of toxins. The patient may be overwhelmed in a few hours from the amount of poison present or may run for weeks, giving us a typhoid condition. This form is generally attended with severe local inflammation.

The prophylaxis of this condition I would not attempt to discuss before this society. The old saying, "an ounce of prevention", is certainly applicable here. We to-day reap the reward of the untiring energy and close observation of the older practitioners, who by giving us certain well-established facts have enabled us, with modern asepsis and antisepsis, to reduce the mortality of this disease to almost nothing among the better class of patients, but as this knowledge has never gone to the ignorant midwife with her dirty salves and dirtier fin-

*Read before the Clarksdale and Six Counties Medical Society.

gers and habits, how often do we see it in its very worst forms among the ignorant classes.

As to treatment, the advice to clean out, clean up and keep clean covers a good part of the ground. Active treatment is always necessary and to delay is to endanger the patient's life from an overwhelming toxema.

In sapremia or putrid intoxication, treat as you would a putrid area in any other part: clean out, asepticize and drain. After dilatation of the cervix, the cleaning out can best be done with the blunt curette as the finger will hardly reach far enough. The douching may be either given with a weak bichloride solution or a twenty per cent. carbolic acid, being sure that there is plenty of room for a return flow and that none is left in the uterus to produce a subsequent poisoning. Free drainage is absolutely necessary and this is best done by packing the uterus with some antiseptic gauze. This packing may be removed at the end of eighteen or twenty-four hours and the antiseptic douches should be thoroughly emptied and quinine given in large doses—especially in this malarial district.

In true septicemia we have a somewhat different picture. Here we have the microbes themselves in the blood, developing very rapidly and producing corresponding amounts of toxins or poisons.

What has been said of the treatment of septicemia would apply here with the addition of bolder stimulation and treating of the many subjective symptoms as they arise. Antistreptococcic serum has been used with some success, also saline infusion and nuclein, the latter to increase the phagocytes and the antitoxic action of the blood.

I was sent for late one evening in January and not knowing the nature of the case, only carried my saddle pockets. On arrival at the house found a young negro woman with rather weak pulse with some temperature, who gave a history of having been delivered several days before of a normal child, but the old midwife said "the after-birth had grown to the womb and she had to take it away in pieces". On examination I found the lochial discharge very offensive, the cervix slightly dilated and seemingly very sore. The woman was also complaining of a great deal of soreness and cramping in the stomach. As I was quite a distance from the office and could not get the necessary instruments and dressings without going myself, I gave her some quinine capsules to be taken every three hours and told them I would be back the next morning. On my return the next morning I had the woman placed on a kitchen table and proceeded to clean out as much as possible. Easily dilated the cervix with my fingers, but

found the womb so soft that I was afraid to use the curette, so cleaned as much as possible with my fingers. In this way I removed several pieces of very foul-smelling membrane and a good many foul-smelling blood clots.

After washing the vagina with a 1-2000 bichloride solution, I douched the womb with a 1-5000 solution and after packing with sterile gauze so as to absorb any pools left of the bichloride I withdrew this and packed with iodoform gauze, leaving it protruding from the vagina so it could be removed by the midwife that evening. Also gave her one grain doses of calomel every hour for six doses, to be followed with salts, and continued the quinine in five grain doses every three hours. Also left some bichloride solution to bathe her twice a day. She made a very prompt recovery without any further treatment.

*HEMORRHAGES OF PREGNANCY.

R. E. HIGDON M.D.,

BROOKHAVEN.

To the average practitioner there is nothing more appalling, nothing that brings into play quicker action, sound judgment, nothing that so nearly makes a man live a year in a day as a profuse bleeding from a gravid uterus.

I propose to attempt no lengthy discussion of the causes thereof, but to outline briefly antepartum and postpartum hemorrhage, placenta praevia, and inversion of the uterus.

Accidental hemorrhage, whether external or concealed, is one of the most serious complications of pregnancy and labor.

Practically all classes of antepartum hemorrhage are due to a partial or complete separation of the placenta from its attachment to the uterine wall, but unfortunately the primary cause of a premature separation is imperfectly understood. It is ascribed variously to traumatism, inflammatory changes in the decidua, nephritis, multiparity, etc., any one of which may be the precipitating cause.

In either event, if the loss of blood is marked or the patient shows symptoms of profound shock, it may result fatally if delivery is not effected promptly. The appearance of such symptoms in a patient in the latter months of pregnancy should always suggest the possibility of concealed hemorrhage,

*Read before the Tri-County (Pike, Lincoln, Copiah.) Medical Society.

and proper steps should be taken to empty the uterus with the least possible delay. On the other hand, when the separation is partial and the loss of blood slight, the accident may be without serious significance and an expectant treatment pursued.

A serious bleeding following the birth of a child is one of the most common varieties of the hemorrhages of pregnancy. It may be due to atony of the uterus, severe laceration of the birth canal or retention of a partially separated placenta. The source of hemorrhage may be hard to trace, yet a differential diagnosis should be made, as the proper treatment of the patient depends upon its recognition.

Atony of the uterus was formerly considered the most frequent cause, but later observation has shown that the condition is seldom primary.

Fortunately hemorrhages due to lacerations are not necessarily serious and may be recognized by a steady flow of the bright red blood, while those due to retention escape in gushes and are synchronous with uterine contractions.

In rare instances, even after the discharge of the placenta, the hemorrhage may be concealed, but this should never occur if the condition of the uterus is carefully watched.

The treatment varies according to whether the placenta has been expelled or is in the uterus. Should the hemorrhage persist after the delivery of the placenta give morphia, atropia, strychnine and ergotole hypodermically, with a hot intra-uterine douche, and at the same time use constant kneading, and as a last resort pack firmly with sterile gauze. In case of retention use Crede's method, and manual removal.

After the hemorrhage, the general condition of the patient is the next consideration and where there is profound shock apply warmth to the extremities, use stimulants, especially hypodermoclysis of normal salt solution.

Placenta praevia is a less frequent but more serious complication and is due to an abnormal implantation of the placenta in or near the internal os. The varities are central, partial and marginal. The first two are true placenta praevia, while in the latter case the placenta does not overlap the internal os during pregnancy. Of the etiology little is known, the factors favoring its occurrence are endometritis and multiparity. This condition should always be suspected in a patient suffering from uterine hemorrhage in the second half of pregnancy. It may occur without warning in a patient who has previously considered herself in good health, coming on during sleep, and is so profuse in instances as to result fatally.

On account of the grave prognosis to both mother and

foetus, labor should be terminated in the quickest and most conservative manner.

If dilatation is sufficient, use forceps or perform version; if not, and the patient is badly shocked, use light cervical and vaginal pack. This will check the hemorrhage and bring about dilatation.

Inversion of the uterus is an unusally rare occurrence, but an important cause for postpartum hemorrhage. It may be produced by traction on the cord, laxity of the vaginal or uterine wall or by pressure from above by too vigorous employment of Crede's maneuver. As a rule it is followed by alarming symptoms; or it may be slight without any previous annoyance to the patient.

In recent occurrence, the uterus may be replaced without great difficulty, but neglected cases require anaesthesia. If the placenta is attached to the uterus, defer separation until replaced, on account of risk of hemorrhage.

In my experience I have seen one case of inversion of the uterus. I did not attempt replacement but immediately administered strychnine nitroglycerine and ether, hypodermically, and was preparing to transfuse when the patient died. I found the placenta still firmly attached to the fundus of the uterus, and it was with difficulty that I separated them. I could not learn the cause of the accident; my only information coming from a mid-wife. She was, no doubt, to some extent responsible, and either to shield herself or through ignorance was able to throw small light upon the condition.

I have never seen a case of antepartum hemorrhage except due to placenta praevia.

In the first few months of my practice I ran against a case of placenta previa. Upon arrival I found the patient upon a pallet which was already saturated, and blood continuing to gush with each contraction. The vitality of the patient was almost extinct, and, being twenty miles from the nearest doctor, I can't describe my feelings. However, I administered chloroform, introduced my hand, pushed through the membranes, caught a foot and pulled it well down, forming a compress, which checked the hemorrhage. After checking the hemorrhage, I gave stimulants, and in a few hours contractions returned and labor terminated without further bleeding.

Under the head of postpartum hemorrhage I would like to relate an experience of peculiar interest. A woman of thirty had had three uneventful confinements, and for the fourth I was engaged to deliver her. Labor was apparently normal until the third stage, when a spurt of blood attracted my attention. I immediately delivered the placenta and checked the

hemorrhage, but not before the patient had entered a state of syncope. I administered morphia, atropia, strychnine and performed hypodermoclysis. After a few hours the patient rallied.

About one year later I was called and found her bleeding profusely from incomplete abortion. I proceeded with haste to curette. which ended the trouble.

About a year later I again attended her at full term, having watched carefully her general condition during gestation. Except for breech presentation, there was nothing abnormal until the third stage, when she again bled profusely until I delivered the placenta, this time without serious results.

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*SUMMER DIARRHŒA IN CHILDREN.

R. H. SPECK M.D.,

HUSHPUCKENA.

In health the ingesta of the intestines complete their revolution once in about twenty-four hours. In that period of time the process of digestion is completed and when food is again taken into the stomach, in accordance to healthy laws it should be expelled after the peristaltic wave has been excited by the mastication of another meal. Hence any deviation from this is due to a functional disorder or disease of the alimentary tract somewhere and one of these disorders we call "diarrhoea". which is very prevalent, more especially among children during the summer months. It would not only be unwise but useless for me to attempt to speak of the pathological conditions or to classify the diarrhoeas among children, although it is very important that we fully appreciate all the conditions existing and the better we do the better we are enabled to treat them. I shall confine my paper to-day especially to causes as we see them on the plantation.

First, I believe we can trace almost every case of diarrhoea either directly or indirectly to one of the following causes, bearing in mind all are greatly influenced by the climatic changes and more especially by the hot summer months: excessive eating or feeding, improper feeding or eating, improper digestion and excess of bile.

Excessive eating or feeding. We can readily see that when a child is over-fed even if the food be of the best quality suited

* Read before the Clarksdale and Six Counties Medical Society.

for the child, a small amount may be undigested and not contain any poisonous ptomaines or micro-organisms but only serve as a foreign body in the stomach and intestines that would cause frequent and watery stools.

Improper eating or feeding. This alone would be enough for a paper for your careful consideration, but I shall lump it, as it were, by saying it not only calls upon the delicate little organs of digestion to take something that they cannot assimilate, and if not already ladened with poisonous micro-organisms it furnishes inviting fields for the sporulation.

Improper digestion. Were it not for the fact that so often we see a child nursing a tubercular or syphilitic mother, or itself tubercular or syphilitic, or have some wasting disease, I would not mention improper digestion as a cause, because as a natural consequence of over-eating or improper eating we could have such a state of affairs and neither of the above-mentioned causes be the accused.

Excess of bile. Usually some derangement of the liver either from shock, heat, malaria, congestion, dentition or mental emotion (such as fright) causes the bile to be poured out into the intestines in excessive quantities. This is characterized by brown-coated tongue and ginger-bread appearance of stools, which are very offensive.

These etiological factors we see almost daily, and so long as they exist we will certainly have the inflammatory lesions that lead to pathological conditions and that give us a very ugly perplexing question to consider and treat.

Symptoms. Starr says there may be besides watery stools much fluid mucus, lumps of undigested food, clots or streaks of blood or shreds of mucus with pus and classifies as such; namely catarrhal, dysenteric and follicular diarrhoea.

It would be useless for me to mention all the symptoms enumerated by our writers on the subject; even then I would leave out some very important symptoms some of the members of this body had observed. But usually when we are called to see the little fellows we find some of the following symptoms: purging, nausea, bowels swollen, loss of appetite, flatulency, acid eructations; sometimes fever and sometimes temperature subnormal; quick, wiry pulse, with frequent stools of a diarrheic character. From these conditions I make my diagnosis of diarrhoea.

Now as to treatment, I have no special cases to report and if I did I would do as most of you, report those that made a speedy recovery, and I would believe and want you to believe my treatment proved the very best that could have been given. Where I needed a rescuer was with those that I lost because

after I had done all I could do and this seemed to be of no avail, I felt like one of my fellow students when our professor asked him what he would do if called to a case of labor and on his arrival found a hand and arm protruding. He answered, "I would shake hands with the little fellow and send for a doctor." I want to send for someone who possibly can do more than I.

No matter what the pathological factors are or what the conditions of family, or how long these inflammatory lesions have existed, we are called upon to do something for the little sufferer and very unfortunately for us and the patient too we are not consulted about their conditions until they have become more severe and often-times alarming. The mistaken idea among mothers that frequent stools during dentition are beneficial or at least not dangerous has often proven fatal when prompt recognition and treatment would have given the little sufferer a chance of recovery.

My object, first, is clean out the alimentary tract and we can usually do this by giving one-eighth grain of calomel with one-half grain of Dover's powder and a grain each of pepsin and powdered acacia, every hour for eight hours and follow with a teaspoonful of castor oil or other laxative every four hours.

Take all food away for twelve to fifteen hours and then if possible give food that you know is pure and put the patient on some good bowel antiseptic, such as listerine or glycothymoline, one-half to one teaspoonful every four hours. Use as little opiates as possible and but few astringents, especially if tongue is coated. If clean we may use them with propriety.

I do not mean to say that what I have mentioned is all I do or all that could be done. I try a number of preparations and have gotten good results, but you see my object is to stop the direct cause if possible. Clean out the bowels, keep them clean and feed gently and of the best quality for the child.

The Samuel D. Gross Prize:—Essays will be received in competition for this prize of fifteen hundred dollars until Jan. 1st. 1910. Information may be had from the Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th. St., Philadelphia.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Dr. H. L. Sutherland informs us that the New York Life Insurance Company has complimented our brethren in Washington County by sending to Greenville that Dr. Roma—Rohmer, or however the name is spelled—who contaminated the ethical atmosphere of Natchez a couple of years ago. Although at first glance it may not seem a compliment, especially to those on the ground, for no one cares to have a scab in the neighborhood, it is distinctly one in that it is an admission that the physicians of Washington County cannot be induced to violate their obligations to each other and to the Association.

We congratulate the physicians of Washington County on a state of affairs that is all the more remarkable since not all the licentiates resident there are members of the Association, and we feel quite sure that the New York Life's new representative in Greenville will not bother them very long, since a man whose past history so plainly brands him as a rolling stone cannot be a sufficiently able gardener to gather the "moss" necessary to enable him to exist, even in the "Queen City of the Delta" which is said to be the garden spot of the world.

It is perhaps unnecessary to suggest that a careful watch will probably reveal some instance for which the doctor can be caught for violation of the practice act, as it is generally understood that he is not licensed in Mississippi, and that a few judiciously imposed fines will soon rid the profession of Greenville of their "foreign body".

Notice.

Gentlemen of the Mississippi State Medical Association:

The Southern Medical Association will hold its next annual meeting in Atlanta November 10th., 11th., 12th. and I wish to urge that each of you join before that time, and so arrange your affairs that you can attend.

The S. M. A. is a most attractive organization for men who want to keep in touch with modern scientific thought. Its membership is made up entirely from the state associations of Louisiana, Mississippi, Tennessee, Alabama, Georgia and Florida. Its personnel is thoroughly representative.

At the Birmingham meeting last year the quota of men from Mississippi was as large as that from any of the other states and the number in attendance was also encouraging. In fact I was proud of our delegation. I trust that every man who reads this notice will not only act on it, but will aid us in arousing the proper amount of enthusiasm among his confreres.

Your application with a check for two dollars for dues can be sent direct to the secretary, Dr. Oscar Dowling, Shreveport, La., or to me. Will you not act on this matter promptly?

Most sincerely,

W. W. Crawford,
Councilor for Mississippi.

Association Presidents.

M. S. CRAFT, Jackson.

President 1875-6.

Mijaman Sidney Craft was born in Jackson, Miss., August 6th. 1827 and died at that place April 8th. 1888 of locomotor ataxia, after an illness of more than a year.

He graduated from the University of Louisville in 1851 and had two courses of lectures, subsequently, at Jefferson Medical College, beginning the practice of his profession in Jackson in 1853. He was appointed surgeon in the Provisional Army of the Confederate States May 18th. 1861 and assigned to duty with the Twelfth Mississippi, serving with the Army of Northern Virginia until February 1865, when on account of ill health he was relieved and assigned to hospital duty at Meridian, Miss. After the war he resumed practice in Jackson. He was one of the organizers of the Mississippi State Medical Associa-

tion, and its first secretary. For many years he made collections of reports of surgical cases in Mississippi, which collections constituted an important feature of the meetings of the Association and of the *Transactions* in which they were printed. He served as a member of the committee of seven experts selected by the lower house of Congress in 1878 to inquire into the origin, introduction and prevention of epidemic diseases in the United States.

Dr. Craft was married in 1871 to Miss Julia Barr and was the father of four children, of whom the eldest died in infancy.

Transactions 1888.

Society Proceedings.

Harrison County Medical Society, in session Aug. 11th. 1908 at Gulfport, adopted the following resolution: *Resolved,* that in view of the fact that a certain doctor of this county has been making examinations for life insurance companies, more particularly the New York Life Insurance Company, for fees less than five dollars, or by contract or otherwise contrary to the agreement of the doctors of Harrison County and the resolutions passed by the Mississippi State Medical Association at Gulfport, we hereby wish to state that he is not a member of the Harrison County Medical Society and that no member of our body has been guilty of betrayal of the pledge and agreement in regard to the fees for life insurance examinations.

Book Reviews.

CONSUMPTION: How To Prevent It And How To Live With It. Its nature, causes, prevention, and the mode of life, climate, exercise, food, and clothing necessary for its cure. By N. S. Davis A.M., M.D., Professor of Principles and Practice of Medicine, Northwestern University Medical School, etc., Chicago. Second edition, thoroughly revised. 12mo. 172 pages. Bound in extra cloth. Price, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This little volume might be advantageously put into every intelligent family, whether containing a consumptive or not, and would serve well as parallel reading for a high-school class in hygiene. To the physician it will be useful as a summary of those things that he ought to teach his clients.

THE BABY: Its Care And Development. For The Use Of Mothers. By LeGrand Kerr M.D., Professor Diseases of Children in the Brooklyn Post-Graduate Medical School, etc. Illustrated. Albert T. Huntington, Publisher, Brooklyn. N. Y. Price, $1.00.

A convenient and valuable little handbook containing the essential things concerning which young mothers need instruction, with blank pages for their amplification or for special instruction.

PULMONARY TUBERCULOSIS: And All Complications. By Sherman G. Bonney M.D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 778 pages, with 189 original illustrations, incluffing 20 in colors and 60 x-ray photographs. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $7.00 net; Half Morocco, $8.50 net.

This is by far the most exhaustive treatise on the subject that the reviewer has yet seen and covers every detail. Adequate space is devoted to etiology, symptomatology and pathological anatomy and to the course and types of the disease, but the greatest value of the book is the manner in which it treats of prophylaxis and diagnosis—the two great essentials —and the pages devoted to the latter are especially complete. Of treatment there is necessarily less, but the author gives his personal experience during eighteen months with bacterial vaccines—a valuable contribution to a line of work that offers marked hope of advance in the cure of consumptives. The book is heartily commended to our readers.

HOWARD.

THE NEWER REMEDIES. Including their synonyms, sources, tests, solubilities, incompatible, medicinal properties and doses as far as known, together with such proprietaries as have similar titles. A reference manual for physicians, pharmacists and students. By Virgil Coblentz A.M., Pharm.M., Ph.D., F.C.S., Professor of Chemistry in Columbia University, Department of Pharmacy.

The title of the book clearly conveys its contents and practitioners interested in the newer remedies (and who are not?) will find it a valuable reference work as to doses, and what is equally valuable, the synonyms and source of supply. So very frequently it occurs that a new drug is read of in the journals, and on seeking to test it one is met with the statement that the jobbers haven't it in stock. With the name of the maker before one, it is an easy matter to obtain it. The work is complete and up-to-date, and the words of the Psalmist may be paraphrased into "The making of new drugs, there is no end."

MYERS.

MISSISSIPPI MEDICAL MONTHLY

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*PATHOLOGY AND TREATMENT OF ACUTE SUPPURATIVE OTITIS-MEDIA.

B. D. SIBLEY M.D.,

BIRMINGHAM, ALA.

When we consider the middle ear as it is, an irregular air cavity deeply situated within the bone, communicating with the rhino-pharynx by means of and dependent upon its aeration through the Eustachian tube, the rhino-pharynx in turn dependent upon the nose to prepare the inspired air with moisture and heat, and the nose itself so susceptible to external influence; we can readily understand the frequency of middle ear disease, especially as complicating catarrhal disorders.

A brief reference to some of the more important anatomical points of the middle ear will aid us in discussing the pathology and treatment of acute suppurative otitis-media.

You will notice that the Eustachian tube does not come from the floor of the middle ear, as is usually supposed, but from the upper anterior part of the tympanum. A probe passed into the Eustachian tube will pass through the upper part of the tympanum and into the antrum, thus showing that the tympanum acts as a pouch or reservoir for pus, with its natural openings situated high up in the cavity; a point to be remembered in the treatment, where we wish to establish free drainage.

The roof next to the membrana-tympani is the thinnest wall in the middle ear. In it we find the petro-squamosal suture, which is not united in early child life.

The middle ear is itself deeply situated, but the Eustachian tube is very easily effected by pressure from the surrounding tissues. It lies just above and behind the faucial tonsil, and acute swellings around, or hypertrophy of the tonsil will cause disturbance of the tube. Its mouth opens into the rhino-pharynx and is often crowded and pressed upon by adenoid tissue, the pressure of which growth not only mechanically interferes with aeration, but is the means of retaining and

* Read before the Southern Medical Association, Birmingham, Ala., 1908.

guiding the nasal secretion into the tube, which is often forced into the middle ear in an effort to blow the nose or to sneeze.

When there is a catarrhal condition of the mucous membrane of the tube it becomes swollen and closes the exit of the middle ear, thus causing retention of secretion, and we have the same process of inflammation of mucous membrane that we have in all closed cavities, such as hyperaemia, swelling, heat, pain and disordered function, increased secretion and exfoliation of epithelium and leakage of the cellular and fibrinous elements of the blood. If bacteria are present we have the formation of pus.

The membrana tympani at first manifests inflammation by a redness along the upper part, and down the handle of the malleus. The redness increases and the drum loses its lustre and becomes beefy red. At times this redness is hidden by the epithelium which has peeled off of the drum. A swab of cotton can wipe off this exfoliated epithelium and the red membrane can be seen.

The pressure from within the tympanum continues until it rupures at its weakest point, the location of which will vary. It might be through an ulcerated spot high up, but more frequently, fortunately, is found in the lower part of the membrane.

The case if intelligently treated tends to resolution in from a few days to several weeks; usually with good hearing, but should the inflammatory process be severe, the small bones situated within the tympanum suffer to a more or less degree, such as adhesion, impaired movement, or having their attachment to neighboring structures destroyed by caries. The drum membrane may be also to a large degree destroyed.

The antrum and mastoid cells may be involved or the cranial cavity may be infected through the roof, especially in young children, when the petro-squamosal suture is open, or the lateral sinus may become infected from the mastoid cells. Again pus may burrow beneath the periosteum external to the mastoid process, forming a superiosteal abscess.

The treatment might be classified as preventive and curative. In consideration of the frequency of catarrhal otitis-media, particularly during childhood, being usually described as "ear ache", its prompt and correct treatment is of the greatest importance, in order not only to relieve the pain, but also to avoid the more serious sequelae.

Some children seem to be particularly susceptible to acute ear trouble, while others are never afflicted. This is due in a great measure to local abnormalities in the pharynx which

are usually found to be adenoids and large tonsils which not only obstruct in a mechanical way, but are often the starting points of acute inflammation and therefore should be removed.

In older patients we find the trouble often due to irregularities in the nose, in one or both sides, such as hypertrophies or intumescence, which produce improper respiration, the nasal secretion is not evaporated but retained, becomes inspissated and forms a culture medium for bacteria which affect the Eustachian tube by continuity of tissue.

These should have attention and the nose be placed in as nearly normal condition as possible so the pharynx may receive the air properly prepared.

The principles of curative treatment of acute suppuration of the middle ear do not differ from those of suppurative lesions elsewhere in the body, and are based upon a thorough knowledge of the anatomy of the ear and its surrounding parts. Thorough asepsis should be observed and the best possible drainage established.

In the onset of the disease with high fever, aconite, antipyrin, soda-salicylate, a cathartic and diaphoretics should be used.

A very careful examination of the drum membrane should be made. In young children you may have to use an anaesthetic. The external auditory canal should be cleaned of cerumen. In children draw the external ear downward and backward, but on adult upward and backward.

It is impossible to distinguish between acute catarrhal and acute suppurative otitis-media, and hence they must be treated as one and the same disease. Many cases of ear-ache in young children are suppurative middle ear troubles which drain through the short and more widely open Eustachian tube of that age, thus relieving the pain. Here in the onset inflation seems to do good very often. Heat should be applied either by a hot water bag, or a hot water douche, but the canal should be dried out after the douche with pledgets of cotton on an applicator, and a piece of dry cotton kept in the concha. If the pain is severe, use ten per cent. carbolized glycerine dropped into the canal.

The drum should be examined frequently and if found to be beefy red or bulging, and even if there is no bulging and you have throbbing pains, never hesitate to make a free opening, as it is beneficial whether the condition be catarrhal or suppurative.

A word as to the method of opening the drum. Do not make a simple puncture or paracentesis, but instead make a

crescentic incision. I prefer the incision that extends from the upper part of the drum down to the floor as it affords better drainage to both the tympanum and the antrum. The incision should be made only under strictest antiseptic precautions. After the drum is opened, clean the canal and place a piece of gauze saturated with one to one-thousand bichloride solution well up in the canal to act as drainage, then place a piece of dry cotton in the concha. This cotton should be changed as often as it becomes moistened with the discharge. The gauze should be removed and the canal cleaned with a swab. If the secretion is viscid or the irritation in the middle ear seems to increase, then this course of treatment should be discontinued and resort to syringing, which should be used three or four times a day. Warn the patient to be as aseptic as possible and sterilize the syringe before using it. Never use powders in the acute stage as they are hard to remove from the canal, interfere with the view of the drum and also help to retain secretion, a thing we wish to avoid. After the subsidence of the inflammation and healing of the perforation takes place, the ear should be inflated from time to time and later the drum massaged so as to exercise the ossicles as we would other joints.

Should the inflammation not subside but tend toward a chronic suppuration, I should advise a posterior opening through the mastoid. No one can tell the condition of a chronic suppurating cavity until he has explored it. We are often surprised at what we find after doing so. I saw a case Dr. Ledbetter operated on which clearly demonstrates this fact. A lady had been suffering with what we thought was a mild type of acute suppuration of the middle ear, but after a few weeks treatment she did not get well, had very little pain, none whatever over the mastoid. Temperature from 99 to 100.5° F. Practically no discharge, merely a drop of pus seen in the canal each morning when she would come to the office. This kept up for two months, at the end of which time Dr. Ledbetter decided to make an exploratory opening into the antrum, and to our surprise, after the outer dense layer of bone was removed we found the wall of the lateral sinus destroyed for nearly an inch and the sinus bathed in pus. The woman had been coming to the office daily, and had been attending to her household duties in this condition.

The risk of a continued suppuration after a fair course of the above treatment, besides the discomfort of the patient who carries a chronic discharging ear with a resultant tinnitus and deafness, is too great to delay the posterior opening for drainage.

In his most excellent paper on "The Indications For Mastoid Operation In Acute Suppurative Otitis-Media, Without Symptoms", Jackson (of Pittsburg) states the objects to be obtained are as follows:

(1) To cure the patient promptly.

(2) To prevent a chronic otorrhoea with its dangers and discomforts.

(3) To prevent the chronic suppuration with its constant re-infection.

(4) To prevent a mastoid empyema.

(5) To place the patient's life out of jeopardy of intercranial pyogenic extension.

(6) To preserve hearing.

(7) To prevent incurable tinnitus.

The arguments he gives for the above assertions are as follows: if an acute suppurative otitis-media be operated upon before the inflammatory process has worked lasting pathologic changes in the ear, we can stop the discharge, restore hearing and cure or prevent tinnitus.

After the inflammatory process has worked permanent changes no surgeon on earth can restore hearing or cure tinnitus. He can cure the discharge, but how? By doing a radical operation. Then why not do a simple mastoid in the first place? The risk of the operation is small. The risk of postponement is great. To operate after there is an invasion of a cranal cavity is a forlorn hope.

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*FORCEPS.

P. A. CARTER M.D.,

HATTIESBURG.

Mr. President and Fellow Members:

The subject of forceps assigned me by your committee is thoroughly practical and one of paramount importance to the profession and, with a due appreciation of these facts, I shall attempt to point out a few indications for their use, at the same time laying special stress upon their contraindication and abuse.

It is a well known fact that a very wide difference of opinion prevails, even among the well-informed and those who of right should know, both from experience and research, as

* Read before the Forrest County Medical Society.

to the indications for their use, some advising their use on the slightest pretext while others regard them as being dangerous and capable of great harm and only employing them when well marked and eminently dangerous symptoms are present.

Here, as elsewhere, we should strive to strike that happy medium that is sure to exist between two extremes. To do this a knowledge, not only of the anatomy of the parts concerned but of the forces that enter into consideration and the instruments to be used, is presumed.

Of the many indications for the use of forceps I will only mention a few of the most important and those we are sure to meet. Foremost in the list is delayed labor. This one phenomenon having for its cause so many conditions is a field for much thought within itself. The different causes, such as weak and deficient uterine contractions, often influenced by the general constitutional state of the patient, rigid os, over-distended uterus from excessive amount of liquor amnii, loaded bowel, distended bladder, etc., must all be looked after carefully and these conditions met by more simple and less dangerous means, if possible, but this is not always possible. That there are causes of delayed labor demanding the use of instruments we must all admit and we can often save our patients many hours of useless suffering and probably fatal results to both mother and child by their timely use. I am sure I have met with many cases of delayed labor, caused by weak and feeble pains, where the use of forceps was seemingly absolutely necessary and was entirely avoided and labor terminated to my entire satisfaction by giving a fifteen grain dose of quinine and 1-40 grain strychnine or, where I thought necessary on account of exhaustion, by first giving a hypodermic of morphine, thereby producing rest and afterwards giving the above prescription. I am conscious of the fact that I am inviting criticism, probably of the sharpest kind, when I say I use these remedies to the exclusion of all oxytocics and believe that when failure follows their administration it is precious time lost to be giving anything at all in the hope of avoiding the use of instruments. I have not given a single dose of ergot in the past six years in my obstetric work and don't think I ever shall again. The different positions our patients can be induced to assume, especially before labor has advanced too far, has a wonderful influence on the force and character of the pain and I shall never fail to encourage walking, standing and holding the foot of the bed, etc., as valuable adjuncts to the successful termination of labor by

natural means. After looking carefully into remedying the above conditions that would tend to bring about a slow and tedious labor, and convincing myself beyond a doubt that I have exercised sufficient patience with the case, and knowing further the consequences that might follow further delay, I would not hesitate under proper precautions to apply forceps and assist nature to accomplish that which she had failed to do.

In eclampsia the most modern treatment is to bring on labor and empty the uterus without delay and it seems that the antispasmodics and circulatory depressants, such as morphine in large doses, chloral and veratrum, are only depended upon to modify the condition until labor can be terminated. In this condition forceps are indicated for the child's sake as well as the mother's, and should be used as soon as the cervix can be sufficiently dilated unless pains are coming on with sufficient force and the cervix fast dilating, which last condition I have never seen. The cervix seems to be in a spasmodic condition and at times resists even the most heroic means aimed at dilatation. I remember very distincly having had a case of eclampsia where the os was reasonably easy of dilation and forceps could have been applied and a very fine baby saved, but, following the old rule, I wasted the golden opportunity by fooling with remedies trying to control the spasms. This case impressed indelibly upon my mind the importance of early forceps delivery.

Hemorrhage from partial separation of the placenta, heart lesions, oedema of the lungs on the mother's part, and prolapse of the umbilical cord, undue pressure on the head and especially changes in the rhythm of the foetal heart beat affecting the off-spring, are rare complications demanding the use of forceps that we should keep in mind.

Before forceps can be applied the following conditions must be fulfilled. The child must present correctly, the cervix must be fully dilated, the membranes must be ruptured, the head of the child must not be too large and the pelvis must not be contracted. It is not always an easy matter to determine the position of the head, especially in high operations, but the other requirements named the most ignorant should be able to detect. Some authorities claim that forceps should not be applied to breech cases and my experience has corroborated this statement with the cases coming under my care.

The antiseptic management belonging to the operation is all important, therefore we should use every precaution against probable sepsis. The forceps should be placed in boiling water for several minutes, and anointed with carbolized vaseline,

wrapped in a clean towel and placed convenient for the operator. The hands should be prepared the same as for any operation. After delivery the vagina should be douched with a 1-2000 bichloride solution and a piece of absorbent cotton wrung out of the above solution and placed over the vulva.

After all that can be said in regard to the use of forceps and the many grave complications that can be met and mastered by their timely use in the hands of an experienced accoucher, still we have all seen so much harm come from their abuse that I am loath to encourage the use of them. I have two cases in mind that seem to me to be so applicable to the subject before me, setting forth the indifference shown some of the main details of the operation and the awful consequences that followed, that I cannot refrain from repeating them. I was called about six a.m. to assist with a woman with the first labor. On being told that she had been in labor all night and after making examination and finding the head low down in normal position, I proceeded to administer sufficient chloroform to produce loss of consciousness but not enough to stop the pains. After some little delay in the application of the blades I was admonished to watch my business, when the attendant began to make traction in a straight line with the woman's body without waiting for the pains to assist in expulsion. In less time than ten minutes a baby was landed at the expense of a complete laceration of perineum extending into the bowel. Repair was attempted with partial success.

I mention this case more especially to show the utter disregard shown for the all-important function of traction in the different directions at different stages in delivery and also the assistance the pains would have given if only imitated by the forceps. The other case of which I speak was one of puerperal infection following instrumental delivery. I was called on the eighth day after delivery to a woman in her third confinement. Both previous confinements perfectly normal and, as I had attended her both times before, I know she was left without the least tear of any kind. On examination I found pulse 116, temperature 102½° F., face flushed and anxious, bowels considerably typanitic and tender. Vaginal examination showed complete laceration of perineum, also laceration of cervix extending up into the body of the uterus. Mouth of cervix standing open so that by grasping with vulsellum the whole cervical canal could be seen. Besides this a foul discharge was flowing from the uterus, due to an infection probably from forceps or maybe extending up from the torn

cervix. By having a constitution almost beyond the influence of germs, with the best efforts of your humble scribe coupled with the assistance of one of our best doctors, she was able after a month's siege to be about the house, but in all probability is crippled for life as most of these patients never submit to an operation afterwards. This case shows too clearly the dangers of instruments in the hands of the inexperienced, and I should like to advise the wise and cautious consultation in all cases where their use seems demanded. We are the custodians not only of our patients' welfare, but maybe the future happiness of the whole family, therefore let us be careful to do our whole duty.

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*A CASE FOR DIAGNOSIS.

G. F. CARROLL,

BILOXI.

Patient, Miss J., unmarried, aged thirty-five. First seen March 19th. 1908. Gave the following history and symptoms upon examination:

Complexion dark; hair thick, dark; head normal; trunk normal; temperature 99° F. at 7:45 p.m.; respiration 20; no cough; liver and appendages normal; teeth in fairly good condition; digestion impaired; rectum and anus normal; appetite normal; nervous system impaired; special senses good; pain none; kidneys' action scanty; bladder normal. Eyes brown, slight ophthalmoplegia externa, affecting left eye mainly; double vision; pupillary reflex normal; no ptosis; no nystagmus; accommodation fairly good; neck long, slim; extremities normal; pulse 96, full, regular, compressable; no arterio-sclerosis; lungs normal; heart normal; tongue narrow, thick, coated, median protrusion; abdomen normal, some gaseous accumulation in colon; stomach normal. "Chronic constipation". Sleeps only influence of narcotics. Spleen slightly enlarged. Menstruation very irregular, coming on at intervals of six months and lasting from ten to fourteen days, profuse but not painful. Blood examination showed hemoglobin 80, plasmodium malariae in large percentage.

Patient complained of having suffered from "heart burn" for about one year, with occasional attacks of nausea and vomiting. Had had a very obstinate attack for a period of two weeks, during which time she was unable to retain any food

*Read before the Harrison County Medical Society.

other than raw eggs, cracked ice and panopeptic elixir, on which patient had practically lived for the past two weeks.

She had been under treatment for what she said was gastritis. She suffered from no pain, headache or abnormal symptoms other than those produced by the excessive vomiting.

Patient was living about ten miles in the country and as she was not improving and becoming progressively emaciated she was brought into the sanitorium for treatment, at which place I saw her for the first time March the nineteenth.

She stood the trip for ten miles fairly well and was placed in bed with temperature 99° F., pulse 96. Liquid nourishment was ordered every two hours. She rested until 9:45 p.m., when a slight attack of vomiting occurred. As bowels had not acted in twenty-four hours, saline enema was ordered, which was returned immediately with no result. Patient was catheterized and four ounces of highly colored urine were obtained, sent to the laboratory for analysis and gave the following result: color dark amber; odor normal; specific gravity 1.015; albumin, none; sugar, none; bile, faint trace; chlorides diminished; reaction acid; pus, none; microscopical examination showed absence of casts.

Patient rested fairly well during remainder of night of the 19th. Next day the saline enema was repeated with no result; another slight attack of vomiting occurred during the morning. I will state here that at no time was this vomiting projectile in character. Patient was catheterized at 6 a.m. and six ounces of highly colored urine obtained. Saline enema repeated with no result. Patient spent fairly good day and night.

March 21st. Patient catheterized, four ounces of urine obtained. No result from enema, patient was retaining nourishment, ice, egg, sherry and nutritive elixir. At 10 a.m., grew weaker, pulse 120, patient inclined to doze, saline infusion given, one under each breast. At 11.30 pulse 90, patient in semi-conscious condition. At 3.30 p.m. pulse was 140 and patient had first convulsion—clonic in character, passing into tonic, head and mouth drawn toward right side, eyes upward —lasting about three minutes. Recurrence of convulsions in from fifteen minutes to one hour. Pulse imperceptible. The ophthalmoplegia disappeared after the first few convulsions.

Patient remained in comatose condition, having six convulsions in all and died at 6.45 p.m. of the 21st.

My object in reporting this case is to elicit discussion on a condition that is of rare occurrence and was in this case rather puzzling.

The history is not as complete as it might be. but all that could be secured. The patient was not in possession of a sufficient amount of energy at the time to realize the importance of this point and the data were secured in part from a relative.

All effort was made to secure a post-mortem examination but this was refused. Had this been granted, in my opinion, the diagnosis would have been cleared up.

It is a source of much regret that the laity cannot be induced to view the post-mortem examination from the medical or scientific standpoint and thereby allow a condition that would be of great good, not only to the profession, but to the people at large.

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*OBSTETRICS IN THE COUNTRY.

M. L. BATSON M.D.,

LEAKESVILLE.

As physicians we deal with human life and it is not always fair sailing; the unexpected often happens and circumstances often arise in the course of the second stage of labor when decisions must be made with promptness and executed with judgment, and these are more apt to happen to the general practitioner of the rural districts than those of his more favored brothers in the city. He often finds himself confronted with difficulties and adversities with no one to aid him in his trials and comfort him in his tribulations, but he should keep his wits sharpened and equal to the demand or occasion.

Fearless by nature; self-reliant by education; determined by innate desire to work out his own destiny, the physician should enter the lying-in room with a cheerful and encouraging face and give attention to both the mental and physical condition of the patient and find out the exact condition of the case, and there is an old saying "To be forewarned is to be forearmed", and 'tis a principle of warfare never to underestimate the force of your antagonist; the satisfaction of feeling that you know your case and thereby are master of the situation will afford you a feeling of security that will amply pay you for getting the information required. It may be laid down as a safe rule in the use of forceps that they should never be used in any case where the woman can be safely delivered without them. They should never be used to save the time of the medical attendant. However important

*Read before the Perry-Green County Medical Society.

his time may be; however it may tax his patience, or expose himself or neglect other business; is no excuse for the use of forceps. The welfare of the patient, not his own, must be his motto. When, however, the natural resources fail and the damage of exhaustion threatens or where the inertia is so pronounced as to indicate a protracted labor of such length as to endanger the safety of either mother or child, or in the face of puerperal convulsions where the speedy termination of labor is demanded in order to rescue both patient and child, or where proper manipulations fail to deliver the aftercoming head; in short, where a delivery in the judgment of the attendant is imperative, then hesitate no longer. Aseptically and under an anaesthetic terminate the labor if it can be done by the careful use of the forceps. In passing I will say something of the perineum. The majority of cases handled in the country by ignorant women called midwives are badly lacerated. The perineum situated as it is bears the brunt of labor, therefore requires our careful attention. While the important functions are going on and after it is completed we should be familiar with our case, and having made necessary preparations we observe first the head bulging the perineum with each pain and slightly receding at each interval. The parts soften and dilate; the large circumference of the head emerges and the perineum slips back over the face and chin without any trouble. These cases need very little attention. Next we attend a labor where the vaginal secretions are not sufficient; the pains are irregular and intermittent; the perineum does not soften and dilate sufficiently as the head advances. These are cases where the perineum is in danger of serious laceration if not carefully watched. Many serious lacerations can be avoided by preventing too rapid progress of the child before the soft parts have sufficiently dilated. This is best accomplished by having the patient lie on her left side with the limbs flexed. In this position we have a better view of all the soft parts and can give the necessary aid. Caution the woman not to bear down so hard with the pain and with the palm of the hand against the protruding part relieve the tension on the muscles and delay labor. If this method is skillfully carried out there will be no need of laceration of the perineum. Lacerations often happen during delivery of the shoulders. This must be looked after. In all confinement cases the perineum should be examined and if lacerations exist they should be repaired as soon as possible. We need not expect good results by suturing the perineum and leaving a deep laceration extending up the vaginal wall, nor must we suture

the apex and leave a rent or pocket that will cause a faulty union. In case we fail to get primary union, we must do the secondary operation. The latter operation is difficult and requires more skill.

Next we consider hemorrhage. A bleeding woman affords a condition which easily takes rank with or possibly heads the list of those sleep-losing cases.

Hemorrhages during pregnancy may be caused by one of three conditions: placental dystocia, rupture of the blood-vessels along the genital tract, or the abnormal continuance of the menstrual functions. The two latter conditions are so infrequent as to be of little importance. In this discussion I wish to exclude the hemorrhage of abortion in order that the subject matter may be limited as much as possible, yet I have often wondered why the writers do not mention or emphasize the fact that the hemorrhage of abortion is necessarily either cervical, unavoidable, or fundal, incidental. I have long believed that more cases of abortion than we now think or will ever have the opportunity of ascertaining for that matter, are cases of placenta praevia. I never see a case of abortion with early severe hemorrhage, undilated os, little or no pain, but that I think "Mother Nature" is terminating a state of affairs which later would develop into a dangerous condition.

The treatment of antepartum hemorrhage can be stated in three words: empty the uterus.

Before we proceed to discuss postpartum hemorrhage let us examine the practitioner's satchel. If properly filled it will contain a clean Kelly-pad, a package each of plain and iodoform gauze and absorbent cotton, a bottle of chloroform, veratrum, ergotole, adrenalin chloride, tincture chloride of iron, creolin, and a vial of permanganate of potash, a speculum, curette, uterine dilator and a uterine gauze packer, a fountain syringe, and one of the most essential articles of all—a clean common household syringe, which is or may be easily attached to a large hollow needle and is preferable to a fountain syringe as you can use more force in pumping the normal salt solution into the cellular tissue. Also a good hypodermic syringe with morphia, atropia, digitalis, nitroglycerine, etc. Thus armed you are ready to face the emergency to which you may be called and find a woman whose pinched features, flickering pulse, deathlike hue of the skin and labored breathing suggest that there is only a step between her and death. And the few brief moments left need be properly used by the medical attendant. For him to waver or lose presence of mind, or to have to send back to his office or to make tedious prepara-

tions, or to give medicine by the mouth and wait for its effect —all will be lost. He must have both his knowledge and appliances with him and act at once. Proceed to pack the uterus with gauze, and give deep injections of aseptic ergot. Give ¼ grain morphine and 1-150 atropine hypodermically. We do not give whiskey. It is from every standpoint contraindicated and its effect can only be deleterious. Give normal salt solution instead.

Postpartum hemorrhage can in many cases be prevented by grasping the uterus just as the child is born. After the child is born and the cord is severed, place one hand firmly over the uterus and make slight traction on the cord, and in most cases you have the placenta. Keep your hand on the abdomen for a time, until you have firm contraction of the uterus.

I have thus in somewhat a hasty manner referred to some points in obstetrics that come to every practitioner, and shall be gratified if the suggestions offered result in a more thorough equipment and the prompt use of agencies in the trying ordeals in which the lives and happiness of wives and mothers are involved and great sorrows and distresses prevented from visiting the hearthstones of our clientele.

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MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

It is an old adage that "What is everybody's business is nobody's business" and while its author lived before the days of medical practice acts one might almost imagine him a physician of to-day, so aptly does the expression fit the condition of affairs in many localities.

Warren county being singularly free of unlicensed practitioners, we have had little personal experience with this class of parasite, but of late we have heard much from other parts of the state concerning their doings. And what we have heard makes us wonder that the physicians of other counties should put up with them, the only reason that we can see being expressed in the proverb quoted above. It can be readily seen that in sparsely settled districts any one regular might hesitate and prefer to submit to the encroachments made by unlicensed men to bearing the odium of the cry "persecution" that would be raised by the friends of the law breakers, for every man, no matter how unworthy, has some friends and supporters, but in this day of organization that objection can be overcome.

It is one of the duties of county societies to look into just such matters; they can act as a whole or through committees having authority from the society, can collect evidence and employ attorneys to push the cases, for sometimes grand juries will not act, and can handle the entire affair themselves. This we have long known, and these methods have been employed. Now it seems that there is assistance to be looked for in another direction; that it is one of the duties of county health officers to investigate such matters. We are in receipt of a letter from Dr. T. M. Jones, health officer of DeSoto county, enclosing a newspaper clipping that speaks for itself, and we

trust that the county societies and their members individually will get into line behind their health officers and work the eradication of this nuisance.

"To Licentiate Doctors Entitled To Registration And Others Concerned:

"The chief county health officers have received their instructions from the state board of health, which makes it a mandatory, official duty of each chief county health officer to ascertain the names and dates of registration of all licentiate doctors, entitled to registration, and also all other persons who prescribe or practice for the people, for or without remuneration, and send a list of such names and dates to his district attorney; to his sheriff; to his district member of the state board of health; to the state board of health.

"Now, gentlemen, to those licensed and entitled to registration who have not availed themselves of the opportunity to make it a fact of record, I would say: 'This is my only means of ascertaining your legal status;' and to those who are not licentiates and entitled to registration and are in the habit of practicing or prescribing for people, for or without remuneration, I would say: 'Through the assistance of beat and county officers, I am urged by the state board of health to take immediate legal proceedings. Ignorance of an established law is no plea or excuse in palliation before the court for violated and transgressed law. I never knew it to prove an extenuation or protection in any court except in the late appellate court in the case of the Standard Oil Co., but there are very few if any more Rockefellers—none in the practice of medicine I know.' Respectfully,

T. M. Jones,
Chief County Health Officer."

The next meeting of the Southern Medical Association will be held in Atlanta November 10th., 11th. and 12th. and a larger attendance than has ever been had at a Southern meeting of medical men is expected. Rates of one and one-third fare have been secured, dates of sale being Nov. 7th., 8th. and 9th., tickets good until Nov. 14th. This will make the fare from Vicksburg $18.65, from Jackson $16.85., etc.

This Association now numbers more than six thousand members and is undoubtedly the one of all others whose meet-

ings have the most to offer the physicians of the South. It is a purely scientific organization, having no jurisdiction, and is open to members of the state medical associations of Tennessee, Alabama, Georgia, Florida, Louisiana and Mississippi.

Association Presidents.

B. A. VAUGHAN, Columbus.

President 1877-8.

Bolivar A. Vaughan was born in Scotland Neck, North Carolina, Sept. 18th. 1827, and died at Columbus, of apoplexy, Nov. 5th. 1897. He had served his State Association both as vice-president and as president and was secretary of the section on practice of the A. M. A. in 1876-7.

Dr. Vaughan's parents, who were of Scotch and English descent, came to Columbus in the thirties, where the subject of this sketch received his early education at Franklin Academy. Later he went to the University of Virginia. His medcal education was received at the University of Virginia and the Jefferson Medical College, from the latter of which he graduated in 1854. After graduation he returned to Columbus where he became prominent not only in his profession but in the councils of the Democratic party. He served the Confederacy throughout the war, beginning as surgeon of the 14th. Mississippi and being later engaged in hospital work.

Dr. Vaughan was married in 1854 to Miss Mattie Wade of Columbus and was survived by one child, a daughter.

Miss Jennie Vaughan.

B. F. KITTRELL. Black Hawk,

President 1878-9.

Benjamin Franklin Kittrell, son of Wm. Kittrell of North Carolina and Elizabeth M. Cairo of South Carolina, was born at Greensboro, Ala., Dec. 24th. 1836. He graduated from Irving College, Tenn., in 1855 and from the New Orleans School of Medicine in 1861. In October 1862 he was commissioned assistant surgeon C. S. A. and assigned to duty with the Twenty-second Mississippi Infantry, serving with this regiment

throughout the war. He located in Black Hawk, Carroll County, in 1866 and in April of that year married Miss Maude Pate.

"In the early days of the Mississippi State Medical Association, when it was struggling against poverty, popular prejudice and professional apathy, Dr. Kittrell was one of its energizing and vitalizing forces through every stage of its revolution and progress.

"He was largely instrumental in securing the establishment of a State Board of Health, and also in procuring the legislation regulating the practice of medicine in Mississippi."

Medical Record of Mississippi. 1907.

Society Proceedings.

DeSoto County Medical Society met in regular session in Hernando, Monday, Sept. 14th., with the following members present: W. F. Rhodes, T. M. Jones, W. S. Weissinger and A. J. Weissinger. Dr. A. P. Alexander of Sledge met with us. The following resolution was passed: "Whereas, recognizing the imminent danger of diphtheria, to the public in general and certain localities in particular, and knowing the value of immunizing treatment of all susceptible persons, who have been exposed to diphtheria, we hereby recommend to the board of supervisors that they furnish the county health officer with a sufficient quantity of immunizing serum to use in all cases that are not able to procure same." Although the attendance was small, we had a very pleasant and profitable day.

Tri-County (Copiah-Lincoln-Pike) Medical Society met at Wesson August 11th., with seventeen members and several visitors present. Interesting clinical cases were presented by Drs. Little, Rowan and Beavers. This was perhaps the best clinic we have ever had. Dr. J. A. Rowan read a paper on the use of forceps in obstetrics, which was discussed by Drs. Dampeer, Simmons, Catching and Patterson. Dr. R. E. Higdon read a paper on the hemorrhages of pregnancy, discussed by Drs. Butler, Johnson and Rowan. Dr. J. T. Butler read a paper on abnormal presentations, discussed by Drs. Frizell, Walker and Flowers. All of these papers were referred to the committee on publication, with the thanks of the society. By invitation, the members then made a visit to the Mississippi

Mills, several also going out on professional visits with the resident physicians while waiting for their trains. The next meeting will be at Brookhaven, October 13th.

Book Reviews.

THE CURE OF RUPTURE BY PARAFFINE INJECTIONS. By Chas. C. Miller M.D. Comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technic and its advantages from an economic standpoint. Published by the author—70 State St., Chicago. Price $1.00.

Paraffin has unquestionably played an important part in the correction of defects in facial surgery, but it will only be necessary for one to read this last edition and he will be inclined to think the author is either becoming very bold with his paraffin injections or else the surgery of hernia is an operation of the past. Realizing all the different operations for hernia and the great percentage of recurrence even in favorable cases by skilled operators, one would be inclined to think Dr. Miller is claiming too much.

MARTIN.

MEDICAL GYNECOLOGY. By S. Wyllis Bandler M.D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital.. Octavo of 675 pages, with 135 original illustrations. W. B. Saunders Company, Philadelphia. Cloth, $5.00 net; Half Morocco, $6.50 net.

The author has taken nothing for granted in describing medical gynecologic diseases. He states what should be done in every case and gives directions and illustrations so explicit that they can be intelligently and easily followed. Although he can be taken to task by some of his critics for leaving nothing to the imagination or common sense of his readers, the mass of the profession who have had neither the time or the opportunity to devote themselves to specialism will gladly acknowledge their limitations and appreciate a treatise on any subject in medicine and surgery which enters fully into details and endeavors to meet the requirements of practical men.

The life and make-up of women are such that, aside from the diseases and injuries to which they are liable, physiologic processes, heredity, predisposition, mental perturbation, the emotions, marital relations, etc., have an important bearing,

and, therefore, the physician who enters into a study of these factors becomes a far better judge of the meaning of symptoms, and knowledge gained by studying diseases of women from these different points of view gives a more distinct mental picture and furnishes logical coordinated conclusions. The resulting repetition and reiteration emphasize important points and make each section fairly complete in itslf, thus diminishing as much as possible the necessity of referring to other sections, except for more complete elucidation.

MARTIN.

HEALTH AND BEAUTY. By John V. Shoemaker LL.D., M.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; President of the American Therapeutic Society; Member of the American Medical Association, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc. Royal Octavo, 476 Pages. Bound in Extra Cloth, Beveled Edges. Price, $3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This well-known author and authority has added new laurels to his already abundant wreath by giving us a book that might well be put in circulation among the laity—on account of the plain, sensible manner in which the subject is treated—and deserves careful study by every physician because of the truths it impresses. By "beauty" is not meant mere facial perfection, but that complete physical development that cannot be found except when hand in hand with health.

HOWARD.

GENERAL SURGERY. By Erich Lexer M.D. (Professor of Surgery, University of Konigsberg.) American Edition edited by Arthur Dean Bevan M. D. D. Appleton & Co., New York.

This is a translation of a general edition that deals with the general principles of pathology, therapeutics and operative tecnic which applies to all fields of surgery and should be thoroughly mastered by the student before taking up general or original surgery. There are many cuts of morbid conditions which make the book, with its simple explanations, very interesting.

MARTIN.

BORDERLAND STUDIES. Miscellaneous Addresses And Essays Pertaining To Medicine. Vol. II. Geo. M. Gould M.D. P. Blakiston's Son & Co., Philadelphia.

This is a collection of articles characteristic of such a man as Gould, who finds time to study those things that are not of his profession but pertain to it, and will serve to pass away an idle hour while at the same time broadening the mind of the reader.

HOWARD.

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TWO CASES OF SENILE CATARACT ILLUSTRATING THE DESIRABILITY OF RELIABLE OPHTHALMOSCOPIC EXAMINATION MADE WHILE A VIEW OF THE FUNDUS IS STILL POSSIBLE.

M. H. BELL M.D.,

VICKSBURG.

1955. Male, age 68. Gave history of vision lost in left eye seven or eight years with the assertion that he did not know the vision was poor in the eye till it was practically blind. During the past year the vision in the right eye, previously good, has been failing slowly and is now just sufficient to enable patient to get around safely. Has tried numerous glasses, but without any improvement in vision and has been told that he had cataract in each eye. Examined March 17th. 1908. Left eye mature senile cataract, iris normal, aqueous clear, vision equals perception of light and light projection is good. In the right eye lens is perfectly clear, iris normal. Vitreous shows numerous dust-like opacities through which a low grade inflammation of the choroid can be made out, most marked in macular region. Retinal vessels sclerosed. Vision equalled 15--200. Nothing could be found to account for the charges in the eye and they are ascribed to senility, although otherwise the patient's general condition was excellent for one of his age.

In view of the changes in the fundus of the right eye, it was thought similar changes would be found in the left and an unfavorable prognosis so far as vision was concerned was given to operative treatment. At the earnest solicitation of the patient and because it offered the only hope of better vision, the lens was extracted on March 18th. by the combined operation, without any accident. The wound closed within twenty-four hours and healing was very rapid and without complication of any kind.

On April 4th. vision with plus 9 sphere was 15--200, on April 11th. 15--70 and on July 8th. 15--40 plus and read D 1. easily with plus 12 sphere. With the ophthalmoscope the fundus is

found to be normal with the exception of slight sclerosis of the arteries. There has been no change in the right eye since the first examination.

648. Male, age 68. Gave history of wearing glasses for several years, but for the past six or eight years has been able to read without glasses of any kind. Lately has commenced wearing them again for near work.

Three months ago had an attack of pneumonia, following which vision in the left eye failed rapidly without any pain or inflammatory symptoms. Examined May 8th. 1905 and found vision in right eye of 15--40 which was brought up to 15--20 with a weak sphero-cylinder lens and with reading correction could see D .75 easily. Vision in the left eye equalled ability to count fingers at five feet, which could not be improved by lenses.

The ophthalmoscope showed the right eye to be normal. In the left the vitreous was full of large floating opacities which prevented any further view of the fundus. It is supposed that the changes were a result of the pneumonia and treatment had no effect whatever on the opacities or on the vision. The vision slowly decreased to perception of light and on Feb. 6th. 1906 the vitreous opacities were so dense that there was very little reflex on looking into the eye with the ophthalmoscope. At this time the vision in the right eye remained the same and fundus still normal. The patient was seen no more till July 8th. 1908, when the vision in the right eye had decreased to 15--200, which could not be improved. The ophthalmoscope showed well advanced opacities, diffuse in character, in the lens of each eye which prevented any view of the interior of the eye posterior to the lens. He was sent to me on April 10th. 1908 to have the cataractous lens extracted from the left eye. He had just returned from a consultation with a very eminent specialist, who advised this operation, since the vision in the right eye was so poor now that the patient had great difficulty in getting around to do any kind of work. On examination I found vision in the right eye barely sufficient to enable the patient to walk around in a familiar locality. The cataract was immature, a slight red reflex could be seen with the ophthalmoscope.

In the left eye the cataract was mature, iris normal, aqueous clear, perception and projection of light good and so far as could be determined from an examination at this time and without the records of the previous examinations, it was a suitable case for immediate operation which offered a good prognosis.

With the previous history of the left eye known, however, the case assumes a very different aspect; operation would be useless since after removal of the opaque lens the vitreous opacities would prevent any vision just as they did before the lens became opaque.

In this case another question presents itself and that is whether the same vitreous changes have not taken place in the right eye which are known to be present in the left. Presumably the changes in the left eye developed between the attack of pneumonia and the time of first examination, a period of about three months, and between the last examination when it was still possible to see beyond the lens and the fundus was found normal, to the next examination, when a view of the fundus was not possible on account of clouding in the lens, a period of eighteen months passed with no record of what was taking place in the eye. After the opacity of the lens shuts off a view of the fundus we have no way of diagnosing such changes in the vitreous or changes in the nerve; choroid and retina, which, while preventing any useful vision, do not destroy perception of light.

In this case the previous records not only prevented a useless operation with consequent depressing effects on the patient, but also warns the surgeon that there is only one chance for securing vision and he may take certain precautions insuring more safety than he would were both eyes operable.

The importance of previous reliable ophthalmoscopic examinations in cataractous eyes are very well illustrated by the above cases and it would have been a great satisfaction to the operator had he known previous to the operation that the left eye in case No. 1955 was healthy except for the opaque lens.

The cases also show that glasses should not be fitted by anyone unable to make and interpret an ophthalmoscopic examination unless normal vision, 20--20, is present in each eye separately with or without proper correcting lenses.

In each case many different reading glasses had been fitted previous to the time a specialist was consulted. In one case fortunately a record was obtained while still possible, but in the other case no examination had been made, leaving the examiner in much doubt and uncertainty as to just what condition was present behind the opaque lens.

The cases also point to the desirability of the general physician having ability to use the ophthalmoscope in just such cases, as they are frequently consulted long before the patient goes to a specialist.

*PUERPERAL INFECTION.

J. O. GURNEY M.D.,

BELZONA.

Puerperal infection is a pathological condition, the result of entrance of pyogenic or saprophytic micro-organisms into the genital tract during the puerperium.

In viewing the literature we find that divers names as well as causes have been assigned to this affection of women in the past. The first theory as to its cause was that it was due to retained secundines or blood clots; then came the theory of milk metastases; afterwards it was held that it was air borne. Now we see that none of these theories as to the etiology could be proven, hence the search for the true factor in its production was still to be continued. It was not until 1847 that any real light was given as to the etiology or prophylactic treatment.

Semmelveiss, at the time an interne in the Maternity Hospital of Vienna, became alarmed over the increased mortality in one of the wards. On investigation of the matter he found that in the ward where the great mortality existed, the women were attended by students who came from the pathological department. Hence he drew the conclusion that this must be the source. Accordingly he ordered a rigid cleansing of the hands with clorine water to be instituted. The mortality rate —five per cent.—was reduced to one and twenty-seven hundreths in less than one year.

Though he spent the remainder of his life in trying to convince the profession of his great discovery, he died without seeing it recognized. Following him came the illustrious Pasteur with the germ theory, and in 1880 investigation showed that streptococci existed in those cases of severe puerperal infection, or puerperal fever as it was then denominated. In quick succession came others, and their scientific work recognized the following pyogenic and saprophytic micro-organisms as etiologic factors: streptococci, staphylococci aureus, gonococci, Klebs-Loffler, saprophytes, colon bacilli, aerogenus capsulatus and others yet unrecognized.

The recognition of these pathological micro-organisms as the true cause of puerperal infection, together with antisepsis and asepsis introduced by Lister, brought a new era in obstetrics. Thousands of human lives have been saved, to say nothing of the many who have escaped unseen dangers and suf-

* Read before the Washington County Medical Society.

fering. There remains no doubt at present but that puerperal infection comes from without.

It is introduced in the majority of cases by the examining finger of the obstetrician, who has come perhaps from some patient suffering from an acute infectious disease or suppurating wound, or perchance from the pathological laboratory.

The unclean hands of a nurse or articles which come in contact with the vulva, instruments not properly sterilized or water which has not been boiled, may serve as carriers of the infection. Bed clothes, bed, pad on which patient rests, vulva pads, sponges or cloths used to cleanse the parts are other sources of infection. Coition during the latter weeks of pregnancy is a mode of carrying germs into the fertile field. Lastly I mention that of the faulty technique in vaginal examinations. In this manner germs are carried from the vulva or perineum even though the hands be sterile, because colon bacilli are found in large numbers over the perineal field, though an attempt has been made to render it sterile.

As to frequency of occurrence I have been unable to secure any statistics, though the mortality given by Semmelveiss was five per cent. without any preventive measures, which was reduced to one and twenty-seven hundredths per cent. by means of rigorous cleansing with chlorine water. Formerly epidemics existed, now they are unknown. The mortality has gradually decreased in proportion to the recognition of the cause and the institution of prophylactic measures.

But we must be concerned not alone with the mortality, but more especially with the morbidity. Investigation by Williams of one hundred and fifty cases show the following: streptococci 31, streptococci and bacilli coli 5, streptococci and staphylococci 2, streptococci and gas bacilli 2, streptococci and staphylococci and typhoid 1, typhoid and gas bacilli 1, streptococci and unidentified 2, staphylococci 4, bacilli coli 11, gonococci 7, gonococci and bacilli coli 1, unidentified aerobic bacilli 8, bacilli diphtheriae 1, typhoid bacilli 1, bacilli seen but failed to grow on ordinary culture media 45, absolutelly sterile 25.

As a result of these micro-organisms we find the following pathological conditions manifested: vulvitis, vaginitis, endometritis, parametritis, salpingitis, ovaritis, peritonitis and pyemia.

I shall confine the remarks which are to follow to endometritis, the most common pathological condition of puerperal infection. It may be classified as putrid and septic endometritis. Symptoms: The constitutional symptoms occur

from one to four days after labor. Beginning in many cases with a feeling of malaise, there is a rise of temperature, increased pulse rate or diminished lochial discharge. These come on gradually in the putrid form, while in the septic they come on much earlier and with increased severity. Pulse in septic form may become fine or running in character.

From the rapidity of infection by streptococci signs of collapse may appear early.

Diagnosis: Putrid—symptoms appear gradually, come on late, temperature of 100-102° F., lochia profuse and of a foul smell, containing often bubbles produced by the colon bacillus or aerogenus capsulatus. Septic—symptoms come on rapidly, temperature of 103 to 105, quick pulse, lochia as a rule diminished— no odor. Digital examination shows the uterus in putrid endometritis to be filled with necrotic material, while in the septic form the endometrium is smooth. The only positive means of diagnosis and differentiation is microscopical examination of the secretion obtained from the interior of the uterus by means of Doderlein's tube under the strictest asceptic precautions. Investigation has proven that the normal uterine cavity is sterile. Pathologists have shown that putrid endometris is due to staphylococcic infection, together with other germs—as colon bacillus, aerogenus capsulatus, etc. The septic form is the result of streptococci which penetrate the zone of round cell infiltration into the myometrium, thence into the surrounding tissues very quickly. The staphylococci do not penetrate the zone cell infiltration, hence infection by them is superficial in character.

Treatment: this is conveniently divided into curative and prophylactic; first, briefly of the curative—early recognition of fever, change in character of lochia or malaise should at once be given attention. Determine cause and at once begin to combat the same.

In the putrid form use finger as curette, remove all necrotic matter from the uterus, being careful not to introduce other germs, then irrigate with sterile water 100 to 110° F.; repeat once or twice daily if necessary; stimulate, give nourishing but light diet.

Septic endometritis: cleanse interior of uterus by irrigating it with sterile water; bold stimulation to support the heart and nervous system, strychnine and alcohol are said to be most efficient; sponge with cold water for hyperpyrexia. Curettage, as formerly practiced, Williams contends, is irrational treatment as it only opens new avenues for increased numbers of germs. Serum therapy has not proven a success.

The mortality is even higher than from other forms of treatment, according to statistics I have gathered.

Prophylactic treatment should be of prime importance to us as it has saved the lives of many thousands, besides rescuing others from a life of invalidism and untold suffering. The prevention rests, in a large measure, upon the physician acting as accoucher. We must understand fully how to observe strict asepsis and antisepsis, realizing all the while that infection comes from without. The physician, if possible, must not have attended any patient suffering from acute infectious diseases or those with suppurating wounds; if so, change clothing, wash hands with hot water and green soap, then follow with alcohol and, finally, with bichloride solution 1 to 2,000. This cleansing and disinfection should extend to the elbows. Sterilize all instruments by boiling, place all those that cannot be boiled in a germicidal solution. The nurse should practice the same aseptic and antiseptic precautions as the physician. The patient should have had a full bath and a change of clothing just before confinement. The genitals must be sterilized by the use of bichloride or creolin solution, care being taken to proceed from before backward. No injection or douche unless vaginal secretions are abnormal. Protect bed by means of rubber sheets with sterile bed linen above them. Pad, vulva pad, cloths for cleansing purposes, bed linen, in fact everything which is to come in contact with the patient must be boiled in a bichloride solution. Digital examination should be performed under the most careful technique, avoiding touching the perineum or the sides of the vulva, hence avoiding the introduction of micro-organisms. These examinations must not be done by relying on touch, but under the guidance of the eye, remembering that each additional digital examination entails great risk of infection. After the birth of the child and delivery of the placenta, have the nurse cleanse the parts with an antiseptic solution. Do not introduce the finger or hand into the vagina unless absolutely necessary. Repair tears immediately if visible.

Feeling the consciousness of the responsibility that rests upon us in the prevention of puerperal infection, let us strive to bring about a still greater decrease in its mortality, however adverse the conditions, and to make the best of the situation, to secure as far as possible an ideal, thus relieving ourselves of the obligation resting on our shoulders as obstetricians. Let the watch-word be "prevention" instead of cure when it lies in our power.

*THE GALL BLADDER; ITS DISEASES AND TREATMENT.

H. M. FOLKES M.D.,

BILOXI.

The gall bladder is classed as a reservoir for the bile; but as it rarely, in a normal condition, holds more than an ounce or two, it cannot serve a very useful purpose as a container, since there is ordinarily secreted about a quart of bile daily.

It is situated in a fossa in the under surface of the right lobe of the liver, and is about four inches in length by about one in breadth, though as it is pear shaped, more or less, its breadth becomes more narrowed at the neck. The neck is narrow and S shaped, and where it empties into the common duct usually presents quite a decided constriction.

The gall bladder has three coats, though the serous one does not as a rule cover more than the fundus and the larger portion of the body and neck, especially on their under surface. The fibro-muscular coat is decidedly strong, the muscular fibres being mostly placed in a longitudinal direction. The intestinal mucous coat is usually tinged with yellow, is covered with columnar epithelium, and is continuous with the mucous membrane of the intestine.

The gall bladder empties into the common bile duct, which it forms by uniting with the hepatic duct. The cystic duct is about an inch and a half in length, and lies in the gastro-hepatic omentum in front of the portal vein, with the hepatic artery to the left.

The common bile duct is about three inches in length and about three-sixteenths of an inch in diameter. It passes behind the duodenum in its first part, in front of the portal vein. It then passes between the pancreas and the descending portion of the duodenum, and runs for a short distance along the side of the pancreatic duct, with which it joins to open into the inner side of the duodenum about three and a half inches below the pylorus.

Disease of the gall bladder has, up to within the past few years, been one of the most frequently overlooked of the pathological conditions to which the human body is heir. To this day it is probably the most frequent factor in obscure conditions of digestion, which are usually diagnosed as intestinal or other form of indigestion. We will refer to this later, however, and now take up the acute maladies which are referable to this organ.

* Read before the Harrison County Medical Society.

Acute cholecystitis is commonly due to infection by the common colon bacilli, the typhoid bacilli, pneumococci, streptococci or staphlococci, and may be associated with gall stones or not.

It may appear as catarrhal, suppurative, or phlegmonous; resulting in gangrene, perforation or either localized or general peritonitis.

The symptoms are pain, usually paroxysmal, nausea, vomiting, abdominal rigidity, distension and tenderness. Pain may not be localized at the site of the gall bladder, but is often diffused, though no hard and fast rule may be laid down as to what the pain may do.

Constipation is often seen, in fact almost complete paralysis of the peristaltic movement is noted in may cases.

Too much attention has been paid to icterus in the past, as about half the cases do not show it at all.

We cannot too strongly emphasize the fact that, as in appendicitis, there may be repeated recurrences of mild attacks of cholecystitis and that in many of the cases no sign of stone may be found.

Jaundice is most frequently present in those attacks wherein there is stone, so it were well to bear this fact in mind in making the diagnosis. Diagnosis is at times more than difficult. If one bears in mind the fact just mentioned of the relative frequency of jaundice after an attack of hepatic colic—so-called—and the frequency with which such diseases as typhoid or pneumonia are followed by discomfort in the liver region, together with the vague intestinal symptoms, a pretty clear idea may be obtained as to about what the condition is.

As again akin to disease of the appendix may be cited the fact that in grave involvement of the gall bladder there may be symptoms so slight as to entirely mislead one, thus permitting death to result from gangrene or perforation.

It has been my fortune to have seen one such case in consultation, where the attending physician had made a diagnosis of simple gastritis, whereas the patient died on the second day after my seeing him from perforation and diffuse suppurative peritonitis. I erred in this case by advising against surgical intervention, but, with riper experience, I would unhesitatingly open such a case, not caring a rap about statistics but firm in the belief that every man is entitled to a fighting chance.

Gall stones are as a rule due to infection. It is often stated that they are caused by this or that, but it may be safely stated that where there is no infection there are no

stones. Sedentary habits in women doubtless predispose to an extent. The marked symptom of gall stones is pain of a very severe type, which may be referred to the entire abdomen but which generally localizes at the gall bladder, and in many instances is referred to the right shoulder and arm. Jaundice appears in about half the cases and is often transitory. Fever is frequently a concomitant and ranges from 99 to 103° F. Sweats, pallor, feeble, rapid pulse and general prostration usually appear.

The chill and fever at times simulate malaria, and many of these cases have been thus diagnosed and treated.

Differential diagnosis has to be made from renal colic, gastralgia, enteralgia, appendicitis and hysteria.

Various complications may arise from lodgement of the stone in the cystic or common duct, but as the condition is essentially surgical and the symptoms so unmistakably urgent, no time need be lost in idle or useless hairsplitting questions of diagnosis.

Carcinoma of the gall bladder is a condition either due to gall stones or to secondary invasion from the liver or adjacent organs.

About ninety per cent. of the primary involvement is due to stone. As time rolls on we are becoming more and more conversant with the important part played by infectious diseases in the abdomen.

Probably to an even greater per cent. than in appendicitis is due the numerous cases of so-called intestinal indigestion to chronic disease of the gall bladder. Just as in the early work in appendix disease there were those who contended for medical handling, so there are to-day those who would treat infections of the gall bladder the same way.

There is no doubt in my mind but that infections in the body, especially in the semi-closed sacs, are very apt, when chronic, to develop cardio-renal changes ending in the condition usually recognized as interstitial nephritis.

We should begin to formulate some reasonable and safe rule about indegestion, so that the internist should feel that after he had been given a fair trial, the case should be turned over to the surgeon.

The greater becomes my experience with cases of indigestion, the more and more am I becoming convinced that certainly half of these cases are amenable to surgical relief, and that by internal measures this half never become cured, though at times they do experience relief for brief periods.

From my own experience and that of others, I feel that

too much stress cannot be laid upon early exploratory examination of those cases presenting obscure abdominal symptoms.

Some of the ablest men in the profession have made, and are daily making, errors in diagnosing these conditions.

To my mind, one of the surest things in medicine is the fact that we are not sure of anything about any particular patient.

Of this I will cite a patient of my own in whom I had diagnosed gall stones some seven years ago. I advised operation, and was promptly discharged from the case. Another physician was called in, who comfirmed the diagnosis which I had made, but who stated that an operation was entirely unnecessary, as he could relieve the patient within a few days by giving him medicine. After six or seven days treatment, he very wisely acknowledged his error and advised that the patient be taken to New Orleans for operation, which was done. The patient was taken to the hospital, where the then house surgeon again confirmed my diagnosis and advised immediate operation, which was done only to find that the case was one of suppurative appendicitis. The patient got well.

Until some safe and certain method is discovered to diagnose intra-abdominal disease, it does seem that exploration is the only plan to pursue, especially as nowadays the mortality therefrom is almost nil, and if it be found that surgical intervention is the thing to do, you are already in the place to do it.

There is one class of disease, however, which it is well to always bear in mind, and that is the so-called nervous group, in which surgical measures not alone do little or no good, but may do actual harm by starting the patient off on a career of operations, if nothing else.

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*NEPHRITIC COLIC. SYNONYMS: RENAL COLIC; KIDNEY COLIC.

S. L. KNIGHT M.D.,

HATTIESBURG.

Nephritic colic is a severe paroxysmal pain caused by the passage of a calculus from the pelvis of the kidney through the ureter to the urinary bladder.

It is not a disease in itself but the most prominent symptom of nephrolithiasis or renal calculus, under which it is usually

* Read before the Forrest County Medical Society.

treated, and is usually the symptom that calls for medical or surgical interference in this condition. It will be appreciated at once that the disease nephrolithiasis and its most prominent symptom, nephritic colic, are too closely allied for one to attempt to treat one without encroaching upon the other; hence, by way of parenthesis, I would like to predicate my remarks on nephritic colic by going moderately into the formation and causation of this symptom.

As already stated, nephritic colic is caused by the passage of a urinary calculus from the pelvis of the kidney to the urinary bladder through the uterer. There seems to be a variance of opinion as to how these calculi are formed; however, it is generally agreed that there is first a nidus or nucleus necessary which may be composed of a variety of materials, such as urinary salts in very acid urine, albumin, mucus, blood, bacteria, etc. In the *A. M. A. Journal* of August 10th. 1907, page 500, Graves reports a case of a patient who developed symptoms of stone in the left kidney six years after an attack of typhoid fever. Operation showed a phosphatic calculus in the ureter and the bacillus typhosis was obtained from the kidney pelvis in pure culture. He states that this certainly suggests a connection between typhoid fever and renal calculi.

After a rather expensive search through the literature on the subject, I have arrived at the following deductions as the most probable cause of renal calculi: renal calculi are formed by some damming back of the flow of urine into the pelvis of the kidney and by tension of the pouch, producing hyperaemia in the parts and extravasation of the albuminous portion of the blood, the latter combining with the mineral salts or other nucleus as above mentioned.

There is always an albuminous substance in these formations, which can be demonstrated by dissolving the stone by chemical action, an organic pulpy mass always remaining. The unorganized salts of the kidney and ureteral stone are oxalic, phosphatic and uric. This albuminous material is the result of the hyperaemia and is the element in the formation of the calculi that promotes the cohesion.

Thus we find that a disturbance of the vasomotor supply of a part must precede the extravasation of the organic materials and that the presence of the organic substances seems to attract and cohere with the inorganic elements of the urine.

This hyperaemia is caused by the same agents that produce congestion elsewhere and may briefly be classified as thermic, traumatic or specific.

Thermic—variations of temperature, either heat or cold,

local or general, have a potent influence on the vasomotor mechanism and produce disturbances of a part possessing the lowest resistance.

Traumatic—traumatism of any degree necessitates repair and requires the well-known phenomena of increased circulation to accomplish this repair.

Specific—organisms provoke disturbances of the circulation by one or more of the properties ascribed to the blood in its attitude toward bacteria, viz., agglutinating, bactericidal, bacteriolytic or phagocytic.

These calculi are formed in the calices and pelvis of the kidney, and range in size from small gritty particles (renal sand) to as large as the end of the thumb or larger; these small particles, usually uric acid sediment, may be formed and passed in the urine for years without producing any symptoms as they are too small to be arrested in the ureter; larger concretions ranging in size from a small pea to as large as the end of the little finger; there may be one or more of these and it is the smaller of these that causes the attack of renal colic during its passage from the kidney to the urinary bladder; they may be round and smooth, or present irregular projections; dendritic form, also known as coral calculi, which may form moulds of the infundibula and calices of the kidney, and may block the ureter.

Chemically, these stones are uric acid and urates; oxalate of lime; and phosphatic calculi. There are also rare forms of calculi made up of cystin, carbonate of lime, xanthin, etc.

Having in an incomplete manner attempted to outline the formation and location of these calculi, we will now discuss briefly nephritic colic, the most prominent symptom caused by the passage of these calculi from the kidney to the urinary bladder through the ureter, and the one symptom that can be relied upon to bring forth the medical man, but rarely the undertaker.

As long as these calculi are small enough to be permitted to pass to the outside world, or too large to be permitted to enter the ureter, they may cause no symptom at all for years. However, with a stone in the kidney too large to enter the ureter, we usually have some pain or discomfort, and tenderness over the region of the diseased kidney. Hematuria, usually small in amount, however, and usually increased by exercise. Pyelitis, either simple or purulent. Pyuria, either continuously or intermittently, for years. Such patients are often robust, high livers and gouty. They are also frequently troubled with dyspepsia and headaches.

The ureter proper is a cylindrical membranous tube about sixteen inches in length, size of a goose-quill, and extends from the pelvis of the kidney to the base of the urinary bladder. It has three normal constrictions: where it flexes over the psoas muscle—about one and one-half inches from the pelvis of the kidney; at the level of the pelvic brim; and where it enters the urinary bladder. About forty per cent. of the calculi entering the ureter lodge at the first constriction and are found there if operated upon by the surgeon; about twenty-five per cent are found at the second constriction; and about thirty-five per cent. at the latter constriction.

When, however, the calculus enters the ureter the cardinal symptoms of nephritic colic supervene. An attack may set in without any apparent cause or may follow a strain in lifting. The patient is suddenly seized with a pain of an agonizing character which starts in the flank of the affected side, passes down the ureter and down into the glans, penis and testicle, causing the testicle to retract, and down inside of the thigh. This pain may also radiate through the abdomen and chest, and be severe in the back. In severe attacks there are nausea and vomiting, caused by the connection between the renal plexus and spermatic plexus of nerves. In very severe cases the patient may go into collapse and die in this condition. The pulse is feeble and quick, and perspiration breaks out on the face. The attack may be preceded by a chill, followed by a temperature running to 102--3° F. Montaigne, who was subject to this condition himself, has graphically described its symptoms as follows: "Thou art seen to sweat with pain, to look pale and red, to tremble, to vomit well-nigh to blood, to suffer strange contortions and convulsions, by starts to let tears drop from thine eyes, to urine thick, black and frightful water, or to have it suppressed by some sharp and craggy stone, that cruelly pricks and tears thee."

Patient may toss about in bed, draw up his limbs, and press upon the affected loin. After a period of hours or even days the paroxysm subsides. In the former instance the stone has either slipped back into the pelvis of the kidney or forward into the urinary bladder; while in the latter case it has been arrested en route, lodging at a place in the ureter—usually one of the normal constricted portions, indicated by a still somewhat painful point.

The condition is usually found in patients during the early and late periods of life; more often in the male than in the female; and the right kidney is more often affected than the left. There is some evidence at hand in favor of considering renal calculi a remote effect of typhoid fever.

The most important diagnostic symptoms are the situation and direction of the pain; the retraction and tenderness of the testicle; pain down inside the thigh; occurrence of hematuria; altered condition of the urine, etc. One should, too, take into consideration the history of the case, especially if the patient has had similar attacks before.

The cystoscope is valuable in determining whether both the ureters are active or not. Catherization of the ureters or the passage of Kelly's wax-tipped bougie will usually detect a stone in the ureter or kidney pelvis, but such exploration should not be attempted until the urine and bladder are known to be sterile, as an extension of the infection might follow.

Differential Diagnosis From Hepatic Colic. These two conditions have many symptoms in common, especially if it is the right kidney affected. The pain in hepatic colic is referred especially to the hypochondrium, and probably to the right shoulder; while that of renal colic is referred downward to the loin, not necessarily the right, then down the corresponding ureter. In hepatic colic the pain is in the upper abdominal and thoracic region; whereas the pain in renal colic is in the lower abdomen. Hepatic colic is very likely to be followed by jaundice, especially if the common duct becomes obstructed, the urine contains biliary pigment and is greenish or brownish in color; while in nephritic colic the urine usually contains blood and pus-corpuscles, and the jaundice is wanting. Of course nephritic colic involving the right kidney is more difficult to differentiate from hepatic colic than when the left kidney is diseased; and we have already noted that the right kidney is much more frequently involved than the left—increasing this difficulty in proportion. On close inspection one may be able to locate a calculus either in the urine or in the bowel actions, in which case the diagnosis would be clear.

From Intestinal Colic. The pain in this condition is especially umbilical in location and may radiate over the entire abdomen; is relieved by pressure and there is no tenderness; while that of nephritic colic is not. Intestinal colic usually depends upon intestinal disturbance, sometimes upon lead poisoning (note the condition of the gums)—the urine remains unaltered and there is no jaundice. In intestinal colic the patient may pass large amounts of flatus; while in renal colic he does not. There is no rise in temperature in intestinal colic; while in hepatic colic there is.

From Appendicitis. This is a disease of the young, while nephritic colic is, in a large per cent. of cases, found in the

old. The location of the pain, usually first about the umbilicus and later centering in the right iliac region, with tendereness and probably a tumor at this point, are well defined symptoms of appendicitis and not of renal colic. The rigidity of the abdominal muscles over the right iliac region, with probably tenderness and flexion of the limbs, especially the right, enable us to differentiate appendicitis from renal colic without much difficulty.

Great relief is sometimes obtained by the hot bath, hot local applications, etc. When the pain is very intense morphia should be given hypodermically, and inhalations of chloroform may be necessary until the effects of the morphia are obtained. The patient may drink freely of hot lemonade, soda water or barley water. Occasionally a change in posture or inversion will give great relief. In the intervals the patient should, as far as possible, live a quiet life, and avoid all sorts of severe exertion. The most important feature of the treatment is to keep the urine abundant and, in the uric-acid or uratic cases, alkaline. Such a patient should drink large amounts of mineral waters, with citrate or bicarbonate of potash added. The diet should be carefully regulated. Piperizine has been recommended, but the amount available in the urine after giving it does not seem to be sufficient to dissolve the stones. When the gravel is phosphatic, strychnine, mineral acids and rest should be recommended. When oxalate of lime is found, restrict the diet, use mineral acids, recommend travel and an occasional course of sodium phosphate in Buffalo Lithia Water.

Surgical treatment should always be considered in all cases, especially when the attacks are frequent, stones large or pyelitis severe.

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COUNTY HEALTH OFFICERS.

It is a fact well known to me, as well as to all of the doctors and most of the people of this state, that numbers of physicians holding the important positions over the state as guardians of the public health for their respective counties are only noticeable in their county and state medical societies by their very conspicuous absence. And it is also a fact that these gentlemen are most uniformly apathetic as regards important affairs of public health in their respective communities and are only aroused from this lethargic state once a month (right after the first Monday) to march up to the Chancery Clerk's office and sign the receipt stub for the ridiculously small pay warrants allowed them by painfully economical (in matters of public health) boards of supervisors. It is furthermore a well and commonly known fact that the service rendered by the average county health official is not worth one cent more than he is paid, and consists in but perfunctory visits to, the care of, quarantine and fumigation after such cases of small-pox as arise sporadically, and possibly one epidemic of yellow fever in the course of a lifetime; when, as is well known, where yellow fever, small pox or cholera kills one, tuberculosis, pneumonia, typhoid fever and scarlet fever and kindred exanthemata kill thousands. Now, further, it is the continual cry of the medical profession "Legislate! Legislate!" when our code of laws is crammed with numbers of good medical laws and none of them, or rather but few of them, are being enforced, when their proper general and uniform enforcement would result in untold good for the people, and when having shown them what a good thing it is we we could have almost anything at their hands in return for what we have done. Personally, I have grown almost as tired of this cry of "Legislate!" as I have of the cries of some of our low pressure, soft pedal

republican-democrats that "Bryan's election means business stagnation and hard times, hard times, hard times!" It all reminds me of a story told by one of our negro tenants describing the differential points of interest (according to him) between a white baby and a negro baby, the gist of which was that "a negro baby cries 'Bread, B-r-e-a-d'; a white baby cries 'Land, L-a-n-d!'" Let's have done with this cry of "Legislate!" and get to work. As county health officers, let's make ourselves worth more than the paltry fifteen or thirty dollars we are now grudgingly given, and if we don't reap the reward there will be one of two conditions confronting our successors in office; either they will more than earn the pittance now paid or they will be paid more and more as time passes, being thereby warranted in throwing themselves heart, soul and body into the work, doing more and more and making themselves worth more as the years go by. Surely if the county health officers will take up this work and push it, it cannot be long before Mississippi will have emerged from her dark age, medically speaking, and be no longer the laughing-stock of the country because of the crudity of her medical food and drug laws and their methods of enforcement. Now almost any kicker can call attention to abuses which need correcting, but that service is performed by a certain bird said to go to hell on Fridays when he cries "Thief!" at the owl unfortunate enough to come under his eye in good daylight. Constructive statesmanship lies in not kicking but in correcting abuses, and while I do not lay any claim to the "entitlements" of statesman I intend here and now to propose a remedy, and a method for its attainment, for what we all know full well exists and ought to be remedied.

Let all the county health officers now in office in every county in the state come together and if there is one who cannot afford to spend a part of what he has received from the people in coming, honor demands of him that he step aside and make room for one who can and will come. Let there be formed by these officials an association of county health officers of the state to act as a separate and distinct body from the State Medical Association in the consideration of all matters relating to their particular work as health officers working for the people in contradistinction to their work as practitioners of medicine working for themselves. Let this body meet once or twice yearly with the state board of health at Jackson and there read and discuss papers and reports concerning the diseases and various subjects of prime interest to them as guardians of the health and well-being of the people

of their respective communities. Now I am fully cognizant of the fact that every scheme has its drawbacks and this one will be no exception to the rule; the knocker has his place in every discussion and knocking is nothing but conservatism a little bit overworked. Let the knocker get out his hammer and get busy, but here is hoping that there will be some boosters around when the noise begins. First comes discussion, then work, then congratulation if you win, consolation if you lose. I say again, let's make the county health officers' job worth some good hard money and then we will get what we are worth.

ROBT. DONALD.

HATTIESBURG.

Association Presidents.

E. T. HENRY, Vicksburg.

President 1869-70.

Edmund Taylor Henry, son of Patrick Henry and Elizabeth Duke Taylor, was born on his father's plantation near Clarksville, Tenn., August 24th. 1827 and died at Marietta, Ga., April 9th. 1881.

Dr. Henry received his early education at Montrose Academy and Centenary College and, being always of a studious nature, took up the study of medicine as an accomplishment, graduating at Louisville, Ky. At the outbreak of the war he entered the Confederate Army as a surgeon and at the end of his service, finding his property gone, moved to Vicksburg and began the practice of medicine in which he was very successful, being especially noted as an obstetrician. He passed through three yellow fever epidemics, having the disease himself in 1867 and again in 1878, and after the second attack his health was so impaired that he was never well again.

Dr. Henry was married to Louise Clark Forbes and had six children—Edmund Taylor, Louise, Elizabeth Taylor, Patrick, Marion and Gertrude. He was a broad-minded Christian, a member of the Episcopal church and one of the first vestrymen of Trinity Church, Vicksburg. Of tall, commanding stature, with the manners of a Chesterfield, he was notable in any assembly and his quick and bright repartee and fund of anecdotes made him a genial companion. He was an ardent Mason, having taken the 32nd. degree, and held some of the highest honors in this body.

MRS. H. M. MARSHALL.

Society Proceedings.

Jasper County Medical Society was organized at Bay Springs, Aug. 26th. with the following membership: J. O. Denson, president; G. W. Land, vice-president; C. E. Burnham, secretary-treasurer; G. W. Montgomery, J. W. Horne, W. C. Lamb.

Tri-County (Copiah-Lincoln-Pike) Medical Society held its regular bi-monthly meeting at Brookhaven, October 13th. Owing to unusual occurrences keeping away a number of members, only sixteen were present at this time. Dr. J. T. Walker read a very instructive paper on "Colles Fracture"; Dr. W. P. Rice read one on "Treatment Of Compound Fractures"; Dr. W. P. Patterson one on "Dietetic Treatment Of Typhoid Fever"; Dr. O. N. Arrington one on "Puerperal Infections". Each was discussed freely by several members present. Two new members, Drs. DeBerry and Ware, were received and some other applications filed. We expect a number of new members at our next meeting, which will be held at Brookhaven, December 8th., at which time the annual banquet will be held.

Book Reviews.

DISEASES OF THE SKIN. By A. H. Ohmann-Dumesnil A.M., M.E., M.D., Ph.D., etc. Formerly Professor of Dermatology and Syphilology in the St. Louis College for Medical Practitioners, the St. Louis College of Physicians and Surgeons, the Marion-Sims College of Medicine, etc. Third Edition. Revised and Enlarged. 140 Original Illustrations. C. V. Mosby Medical Book & Pub. Co., St. Louis. Price $4.00.

This is one of the most practical books on dermatology that the reviewer has yet seen, being concise as well as fairly complete and offering clearer differentiation than is customary. There is but one objection that we have to offer, and it is regretable because it is a serious one—the illustrations are exceedingly unsatisfactory, being all in black and white, and therefore do not illustrate.

Howard.

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*TYPHOID FEVER IN CHILDREN.

L. E. PIERCE M.D.,

STOVALL.

In bringing this paper before the society I do not expect to shed any new light on typhoid fever, but hope to bring about a discussion of the subject which will prove of benefit to all.

In Holt's investigation of nearly one thousand cases, reported by eight different writers, of typhoid in patients under fifteen years of age, he found fifty per cent. occurring between the ages of ten and fifteen, forty-two per cent. between the ages of five and ten and eight per cent. under five years. Of over five thousand cases of typhoid admitted to the London Fever Hospital, fifty-six per cent. were between fifteen and twenty-five years, and twenty-eight per cent. were under fifteen years. From these and other statistics typhoid may be regarded as comparatively rare during the first five years of life, while from five to fifteen it occurs from one-half to one-third as often as from fifteen to twenty-five, the decade in which it is most prevalent. There are a few cases reported of congenital typhoid, which is generally fatal owing to the weakened condition of the child when it is contracted.

The cause and pathology of typhoid in children is the same as in the adult except the ulcerations are smaller, fewer in number and more superficial; cicatrization takes place more rapidly. Gerhard believed that ulceration seldom took place between the second and seventh years; when it did occur the ulcers were few in number but sometimes deep; also that the enlargement of the mesenteric glands near the intestinal lesions presented no marked difference from those found in the adult.

The disease is usually ushered in under the guise of some acute disorder, generally here in the delta with chills and high fever which lasts from three to five days. Under the administration of quinine the temperature may return to normal and remain so for from twelve to twenty-four hours or be normal in the morning and rise to 100 or 101° F. in the evening and

* Read before the Clarksdale and Six Counties Medical Society.

then run a regular typhoid course, or it may be very irregular, resembling estivo-autumnal malaria. The child is restless and irritable, complains more or less of headache, if old enough to complain at all; nausea and vomiting may or may not be present.

Epistaxis is not infrequent and may sometimes be misleading as bleeding from the nose in children is very common. Bowels are generally constipated in the beginning and in a majority of the cases remain so throughout the greater part of the disease. However, in some there is diarrhoea from the first. With the increase of the fever there is drowsiness and apathy instead of the restlessness noticed at first. Cough is common, with varying grades of bronchitis, and in some cases is severe enough to require treatment and may be difficult to control.

At the end of the first or beginning of the second week the abdominal symptoms are more prominent; there is tenderness and gurgling in the right iliac region; sometimes tenderness extends over the entire abdomen; pain and slight distention are generally present, though in some there is no abnormal discomfort throughout the disease. Gurgling is of little value from a diagnostic standpoint, as it may be present in any bowel disturbance. An important symptom are the rose colored spots, which are not so plentiful in children as in adults; the rash, however, is not always present in white patients and I have never seen any in the negro. The most important diagnostic symptom during the second week is the Widal reaction. Its absence does not necessarily exclude typhoid, but if it is present there should be no doubt as a former attack can generally with certainty be ruled out. The spleen is generally enlarged in varying degrees depending upon the severity of the attack; liver is also enlarged to a certain extent. The duration and character of the fever should not be forgotten as an important symptom. However, the most of my cases have been of a remittent type, instead of the typical step-ladder elevation.

Irregular cases are much more frequent in children than in adults, and in some of these the diagnosis is very difficult to establish. It generally requires from a week to ten days to arrive at a correct diagnosis and sometimes it is not made at all. Sometimes the fever is higher in the first week than any other time during the attack, due to some acute disorder ushering in the typhoid, such as bronchitis, diphtheria, measles, malaria, etc. I do not think malaria is a factor in typhoid in its fully developed stages, but is apt to complicate the be-

ginning and the end of the disease. The duration of the fever is generally shorter in the child than in the adult. However, one of my cases was in bed from the 16th. of October until the following January, which was largely due to complications and sequelae. The disproportion between the pulse and temperature observed in the adult holds good for children; thus with a temperature of 102° to 104° F. we would expect to find the pulse 110 to 140; it is 80 to 100. In the second and third weeks the pulse becomes faster and in severe cases may be irregular and intermittent. After the first week or ten days I have found tympanites, in the majority of cases, to be the most troublesome symptom I had to deal with. In some of them the distension was so as to interfere with respiration and the heart's action. The nervous symptoms are more prominent in children than in adults; headache is an almost constant symptom for the first ten days. Delirium sometimes develops early; in some only at night, while in others it is continuous for shorter or longer periods. One of my cases developed a good many symptoms of meningitis during the third week, but there was no opisthotonos nor rigidity of the muscles of the neck; the abdomen was tense; knees and arms flexed; marked contractions of wrists, ankles, fingers and toes, which persisted at intervals for over three weeks depending in their severity on the amount of meteorism present; patient was very restless and at times delirious. The urine is generally scant during the height of the disease, increasing in quantity with decline of temperature; albuminuria is not infrequent and acute nephritis sometimes develops.

"Simon of England, who made daily observations of amounts of urine passed by his typhoid patients for several years, found that polyuria occurred in every case of great severity in which no improvement in symptoms could be observed. All patients in which polyuria occurred, even in severe cases, recovered." In some of my cases polyuria was a very marked symptom during the latter part of the disease and convalescence.

Diagnosis. If all of our typhoid were typical cases with step-ladder rise of temperature, enlarged spleen, rose spots, Widal reaction and characteristic stools, we would have no difficulty in making the diagnosis, but as the atypical cases are the ones most often seen, the question of diagnosis is sometimes a very troublesome one. As I have already stated, it is often impossible to distinguish typhoid during the first week, as the early symptoms are those that may accompany almost any fever.

Some of the diseases which may be mistaken for typhoid fever are certain types of grippe, remittent malarial fever, entero-colitis, acute miliary tuberculosis, meningitis, pyaemia and appendicitis, but by a process of elimination and the agglutination test we can usually arrive at a correct diagnosis in a week or ten days. The previous history of the case is sometimes of great value; an epidemic of typhoid; its presence in the immediate family or near neighbors would naturally cause us to suspect typhoid. The mortality in children is less than in adults, being between three and four per cent.

The treatment of typhoid in children does not differ very materially from that in the adult. It is claimed by most pathologists that the specific bacilli can be isolated from the blood in from seventy to eighty per cent. of the cases; then if we consider typhoid as a general sepsis as well as an intestinal disorder, it seems to me the principal indications for treatment are to reduce the toxemia, control the fever and supply nourishment. The patient should be placed in a quiet, well-ventilated room, in charge of a trained nurse where possible, as the co-operation of a good nurse is invaluable. It has been my practice in the beginning to give a calomel purge, followed by castor oil. The oil is generally kept up, in the form of an emulsion, in from one to four dram doses every ten or twelve hours throughout the greater part of the disease, as necessary to keep the bowels acting from one to three times in the twenty-four hours. This removes the toxic products, prevents their absorption and the consequent fever is avoided. When dryness of the mouth and tongue is present, small doses of turpentine are added to the oil emulsion. A careful toilet of the mouth should be observed, washing with some mild antiseptic solution very four to six hours.

Stimulants in the form of strychnine, whiskey or brandy, well-diluted, are given as indicated. Tympanites, which I have found very persistent in several cases, is generally combated with turpentine stupes, glycerine and turpentine enemas and high irrigation of saline solution, to which I sometimes add tincture asafetida. When these fail, small doses of calomel given occasionally usually give relief. The intestinal antiseptics recommended so highly by some writers have proven unsatisfactory in my hands; and when we realize that typhoid is a general bacteremia as well as an intestinal trouble, we can readily see that a harmless dose of some favorite intestinal antiseptic would not exert much influence on the twenty-odd feet of intestines and the entire blood stream.

Ice bag to the head with an occasional sponge bath is used

to control the temperature; if the fever is very high, with a rapid heart, an additional ice bag is placed on the chest. High enemas of salt solution are beneficial in reducing temperature and also increase elimination, especially renal.

Children submit more readily to the use of ice caps than to sponge baths and tubbing. Position of patient should be changed every few hours to prevent pneumonia.

For the nervous symptoms, solution of bromide of potash and chloral, with the use of the tub baths where possible, was employed.

The diet allowed consisted chiefly of diluted milk, beef juice, solution of egg albumin, eggnog, strained gruels, chicken broth, ice cream, grape juice, gelatin and milk punch.

Drinks of water, lemonade and orangeade were given ad libitum. Whole milk does not seem to agree with children even eight or ten years of age, and in some it was difficult to find any suitable diet. The care of the diet during the first few days of convalescence is also of importance, as errors at this period sometimes have sad consequences. Complications and special symptoms should be given their appropriate treatment as they arise.

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*THE PHYSICIAN AS A BUSINESS MAN.

E. F. ARNOLD M.D.,

BELLEFONTAINE.

A great deal has been said during the past few years about the "get rich quick" schemes, mining investments, dishonest collection agencies and a thousand other schemes and plans to delude the public and reap rich rewards.

It appears that it is accepted as a fact that admits of no argument that the various and sundry schemers and Shylocks that infest this country, bent on the acquisition of money regardless of the avenue through which it may come, regard the medical profession as an "easy mark", and consider its members notoriously poor business men.

If it be necessary to render an excuse for a paper upon this important subject, the very fact that the charges against us as a profession are true is excuse enough, coupled with the additional fact that the discussion of our weakness ought to stimulate us to grow stronger on the business side of our profession. I am cognizant of the fact that the true medical man is not

*Read before the Tri-County (Montgomery, Carroll, Webster.) Medical Society.

in the service of humanity purely as a mercenary consideration, although he has a right to expect reasonable remuneration for his service.

The public can only think of us in the role of dollars and cents. Deeper investigation would lead them to the correct conclusion, namely, that the service of humanity is the leading primary consideration. Granted that some are in the profession for pecuniary reward alone, and that they are skinners of the rankest kind, yet behold the vast number of silent workers who give their time, money and talent willingly and freely, in the service of their fellow men with no thought of compensation.

But the day is at hand when the physician must give the business side of his profession serious and earnest attention. I am aware that we have enjoyed little training in this line, hence the majority of us are poorly equipped from the business standpoint, but it is a question that is becoming more pressing each day and demands our thoughtful consideration.

It is a well known fact that the cost of living has increased in the past few years, that competition is sharper, greater and more equipment for work is essential and that our clientele is more exacting. How are these changed conditions to be met by the physician?

There can only be one answer; that is reasonable fees and prompt collections. As I am a novice as a professional business man, I will leave the question of the most successful way to collect to the individual as his fancy may suggest.

I think it will not be unreasonable to say that the most of us have been quite lenient with a number of patrons that we regarded as good pay, though slow and some otherwise. I have observed that a liberal charger and a good close collector commands the respect of the best class of people, for they generally conclude that he is a man of ability, even if he be otherwise.

It is understood that we all do a practice from which we expect nothing, and we do it willingly and freely, and I would not limit or restrict this, but the man who has the financial ability to pay and who is slow ought to be touched up and it is a real service to the fellow as well as to ourselves. In this age of investigation and enlightenment when the medical profession is accomplishing so much for the preservation of health and the prevention of disease, and the individual man goes about daily instructing the people how to conserve their health, it appears unreasonable that the question of his proper and adequate remuneration should ever be de-

bated, but should be fully and willingly paid. It is painfully evident that the people feel that they are paying exorbitant prices for our services, and that we are out for the almighty dollar alone and that it flows to us in a continuous and unbroken stream year in and year out. It is our duty to correct this erroneous impression, and to teach them that we are not simply "pill givers", but that the breadth and scope of our duty to our patient comprehends the whole problem of life —correct living—and that we are, in the highest and best sense, teachers.

Take a case of typhoid fever, as, for example, in a family of six; the medical attendant applies scientific treatment to the case in hand, but clearly recognizing that his duty does not stop here, gives complete instruction to rich and poor as to the most practical and scientific means of preventing a further spread of the disease. Results—no new cases develop nor are the excreta of the patient dangerous at any subsequent time.

It is not possible for the head of this family to tender us an adequate fee for what we have not only accomplished for the family but for the county and state, but we should demand a reasonable fee, commensurate with the case in hand.

No doubt many members of this society have on their books names of pople for whom they have practiced for ten years, and in that time they have not had a final settlement. This is certainly careless management and poor business methods, so let us demand that our books be closed at least once annually, and that all who can pay their accounts monthly. The obstetrical part of our practice should invariably be spot cash work; there is no reason or excuse why it should be otherwise, as they have nine months notice to have it on hand.

Another matter that needs adjustment is the salary of the county health officers. I can only speak of my home county that pays the health officer the princely sum of twenty-five dollars per annum. Some reform in this matter is needed. Just in what manner it can be best accomplished I am not prepared to say but, in all probability, leaving the question of salary in the hands of the State Board of Health would likely be the most satisfactory settlement that could be effected.

After money has found its way into our hands, what are we doing with the surplus, what investments are we making? Are we careful to investigate minutely the investments we are considering or just take the surface indications which are promising and invest the proceeds of our toil in fake schemes beauti-

fully gotten up by some shyster without principle who is out simply and wholly for self-aggrandizement, regardless of the ways such ends may be attained?

I see a great many physicians loaded with many medical books they do not read and with an array of instruments they will never use. It is right to carefully select and buy the latest books and such instruments as we need, but let us select the wheat from the chaff and use nice discrimination in buying only after careful consideration.

I am personally acquainted with a good number of onr physicians who do a large practice, and they are studious and capable men, but through careless management and poor business methods they are not getting from their practice over six hundred dollars, when it should easily pay them twenty-five hundred dollars per annum.

When a medical man once falls into this channel it is almost impossible to change his tactics without a change of location. It can be done though, gradually, and it is a duty he owes to himself, to the profession and to his family to make the change as rapidly as circumstances will admit.

There can be nothing sadder than that after a physician has spent his life in the service of his fellowman, when he is old and incapacitated for work and no longer a bread winner, he is pinched in circumstances and in his last years finds not contentment nor peace of mind, and finally passes out, leaving nothing for the support of his family. That we may avoid the swift current of financial failure into which many of our brothers have been swept, let us adopt better business methods and always demand prompt settlements and be judicious in our investments.

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*THE MANAGEMENT OF SYPHILIS IN THE NEGRO.

F. M. BROUGHER M.D.,

BELEN.

My subject may be more properly worded "How To Manage The Negro When He Has Syphilis".

A statesman of some name, at some time since "freedom", referred to the black man as the "ward of the nation".

Brought to our shores by our forefathers to be their helper at labor with his sinewy muscles; later, by those same forefathers of New England, he was sold to the farmers and

*Read before the Clarksdale and Six Counties Medical Society.

planters of the "Sunny South", where the balmy clime best suited his disposition physically, where the languid Southern white man, in his simpler tastes, less greedy for too many different enterprises in money getting, with more leniency indulged this unstable class of labor.

I am one of those who can never forget those faithful old "mammies" and "uncles" of the old South who so zealously and jealously guarded and supported the "Missus" and children at home, while "Massa was in de wah", fighting in the "lost cause". Not we who were here then, nor our children, can ever repay them. It is meet to enshrine in song and story those dark-skinned guardians, living in that elder day, those crucial days which mark the change from the Old South to the New.

We love these old creatures yet. It is restful to us in this rushing, pushing age, to meet and chat with "Aunt Phyllis" or "Liza", "Uncle Tom" or "Uncle Wes".

"Old Master's" rigorous control kept these at home, safely sheltered from vicious disease.

Later Mr. Negro was set free by the ultimatum of these same New Englanders, and brought by constitutional amendment into full-fledged citizenship, with the privileges, liberties and immunities of the white man. He is now rapidly becoming the "White Man's Burden". Why? The second and third generations, with all the inherited tendencies, are now with us, for bad as well as good. Essentially, the negro is a creature of environment; he at all times reflects impressions from the white brother received from birth to age. Freedom in his work, walk and conduct betrays in this half-child, half-lion, the sequelae to unbridled indulgencies.

Left without his master, who taught him the value of labor, and its reward in the great American dollar, he works and earns the dollar only to spend it in wildest orgies. He is fast going from the all too meager teachings given by the former master, until now to find a respectable, well-ordered family is the grateful exception and not the rule.

Being human, the negro contracts diseases common to all. While confined to bed he is rather better under control as a patient, but when he once rises from bed, all is well with him and no precautionary advice given by the doctor is heeded.

Let him contract syphilis, "dry pox", "old dog" or "old Ral", or any other of the many names he has invented, he goes from "post to pillar", to the enterprising druggist with his "infallible" remedies and then perhaps some favorite friend of a doctor is given a chance to "try his case". He wants and confidently expects to get well in a week or two, and if he is

not, on he goes to the next doctor who, too lax in his ethics, fails to ascertain any former history of the patient's relations with the profession, prescribes, takes his one, two or more dollars fee, thinks no more of the negro until perchance he comes back again or goes on to his fate and, a year or so later, shows up in all the horrors of the chronic stages of this most loathsome disease.

How shall we handle this ignorant patient and do him and ourselves justice? Shall the doctor or shall the man who pays the bill never recognize that the negro's money calls for value received? Can we not educate the negro, as we do in other matters of necessity and expediency, just how to behave himself in order to be cured? Cannot we "train his mind and heart" so as to take care of his body? Cannot we as doctors, formulate a line of conduct for ourselves in accordance with the Code of Ethics?

I submit to the members of this society that we should initiate a formula of questions whereby we can get all possible history of the patient.

If he has been under treatment by another doctor in good standing insist by precept and example that he go back to this doctor and obey him. If the patient's case is accepted by you, insist on an ample fee first secured and paid over to you, or deposited at your disposal, and then keep in faithful touch with the patient. Don't neglect him; encourage him in obedience. Accept no other decent doctor's case, but emphatically refuse and in vigorous terms try to enforce upon the patient's mind that he is guilty of suicide by such unstable conduct.

When we have all realized that our duty to the patient and our duty to the noble art of healing demands the exercise of the golden rule, then will this silly, dangerous child of nature do better work and earn for himself surer, safer and more respectable footing for his race from the standpoint of healthful behavior. Our professional word to him and to his sponsors, the landlord or contractor, will be of more worth morally and financially when we, consistent to the negro, consistent toward each other, prove that one doctor, one way or rationale only, one route of the twenty-four to thirty-six months untiring efforts of doctor and patient, will give relief.

In my own vicinity are several instances, well marked, for example:

A. B., married, a colored woman, presented an advanced case of syphilis. I demanded and received nearly all of a rather decent fee for a year's attendance. She was quite obedient, until apparently cured, when she suddenly quit buying or

taking medicine. Later a traveling charlatan took ten more dollars from her. She must have believed herself cured, for I saw no more of her for three or four years. Then I was called to see her in the last stages of syphilis, from which she soon died.

Frank P., married, was to see me during his second year of syphilis. He paid me fairly well for a year or two, and would get into a very good condition, and then out on a rampage he would go. Having paid me I tried to induce his aged parents to send him back to me. He would return and take medicine until again somewhat improved, then away again, listening to no advice or other language of persuasion. Meantime, all unknown to me, he applied to another physician for treatment, which he received from time to time. Later this victim of his own folly died.

The widower, B., is now wedded to the widow P., and I am about to succeed in freeing the former widow P. from all syphilitic taint, though the Lord only knows how long she will stick. The widower, B., has so far, by some sort of immunity, escaped the taint.

P. P., widower, was a shining example of negro obedience, one of the very few whom I know absolutely stood by me and his medicine. He was fifty-six years old, an ex-slave and entirely in my confidence. Twelve years have elapsed, and he has married a young negress who has borne him three children during the past few years. Last winter he showed during January and February some glandular swellings, and a rather severe throat derangement which quickly yielded to a short course of specific treatment. He is quite healthy and contented, as are his wife and children. Strange that such clean cut illustrations find no lodgment in the mind of the average negro.

How shall we manage the field at large? How shall we get the proper suggestion into the average negro patient's mind so as to control him?

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*ABNORMAL PRESENTATIONS.

J. T. BUTLER M.D.,

BROOKHAVEN.

Under this head I shall discuss briefly, face, brow, transverse and oblique presentations, breech and foot presentations being now considered by many authors a normal condition.

Face presentations occur in the proportion of one in every

*Read before the Tri-County (Pike, Lincoln, Copiah.) Medical Society.

two hundred and fifty cases of labor. The head is markedly extended; the occiput is in contact with the back, the face looking downward. It most frequently occupies the right oblique diameter, so that the chin is directed toward the right sacro-iliac synchrondrosis or left ileo-pectineal eminence; accordingly the left mento-iliac anterior and right mento-iliac posterior are the varieties usually observed.

On palpation the breech is found in the fundus, the back to the right and posterior, and distinctly felt only in its upper portion; small parts in the left and anterior portion of the abdomen. There is a marked cephalic prominence on the right side, and the fingers can be pressed deeply on the left side. The reverse holds good in the right posterior variety. The characteristic sign is that the cephalic prominence can be palpated on the same side as the back, the back being distinctly felt only in the neighborhood of the breech. The face is found in the birth canal and the variety of presentation is diagnosed by the differentiation of the various features, the mouth, nose malar bones and orbital ridges. The heart sounds are heard below the umbilicus on the side of the abdomen over which the small parts are felt. The only other condition in which this obtains is in brow presentations.

Any factor which interferes with engagement of the head favors the production of face presentations; consequently they are more frequent when the pelvis is contracted or the child is very large. Therefore it is well to bear this in mind when we meet with lack of engagement in a seemingly normal pelvis.

The most frequent cause of face presentations is an oblique position of the uterus, which permits the child's back to sag towards the side to which the vertex lies; in this condition any slight obstacle to the descent of the posterior portion of the head will result in its extension. Multiparity will naturally favor it because of the lax condition of the abdominal walls allowing the child to assume an oblique position.

Formerly face presentations were considered extremely unfavorable, and most authorities advised changing them to some other variety. But it finally dawned on the profession that nearly all of them would terminate spontaneously if left alone. However, owing to the great extension of the vulva by the greatest diameter of the head, the occipito-mental, deep perineal tears are the rule and foetal mortality is much increased. In dealing with these cases we should remember that internal rotation does not occur until the pelvic floor is well distended by the face, and if the chin is obliquely posterior it does not take place until the last moment, and we should

not be too hasty in interfering. The anterior varieties usually terminate spontaneously.

When the chin is anterior it is usually best to allow labor to proceed without attempts at conversion into the vertex presentation, as the attempt would likely result in the occipito-posterior position no better than the original face presentation; but when the chin is obliquely posterior the attempt should always be made as soon as there is sufficient dilation of the cervix, as the prognosis in the posterior varieties is very grave, on account of the late anterior rotation of the chin when it does occur, and of the greatly increased difficulty of delivery when the chin rotates into the hollow of the sacrum. If successful we substitute mento-posterior for an occipito-anterior presentation. This is done by pushing up on the chin with two fingers introduced into the vagina. If this doesn't succeed thoroughly, anaesthetize the patient and introduce the whole hand into the vagina, dislodge the head and bring down the vertex, the other hand of the operator being used to carry the back of the child in the opposite direction to facilitate flexion. If the face is too deeply engaged to permit this maneuver, descent should be allowed to proceed; and if the exterior rotation of the chin does not occur when the face reaches the pelvic floor, after a reasonable delay, forceps should be applied and an effort made with them to rotate the chin forward. If this fails, craniotomy is the only course left, unless we adopt the more dangerous one of symphyseotomy.

If the chin is directly posterior, and attempts at conversion have failed, podalic version should be tried as soon as the dilatation of the cervix will permit; but if the face is so firmly engaged that it cannot be pushed up under anaesthesia, craniotomy should be resorted to.

In brow presentations the head occupies a position midway between flexion and extension; hence the portion between the orbital ridge and large fontanelle presents at the superior strait. Frequently a brow presentation is spontaneously converted into a face or vertex presentation; but persistent brow presentations occur in about one in every fifteen hundred cases. The causes of brow presentation, being practically the same as those of face presentations, are anything that interferes with flexion or that promotes extension of the head. It is more common in twin pregnancies.

The presentation is recognized by vaginal touch; the condition is very similar to that observed in face presentations. On vaginal examination the frontal and anterior portion of

the sagittal sutures are found in one of the oblique diameters, at one end of which the large fontanelle or the portion of the skull just posterior to it may be felt. At the other end the orbital ridges, root of the nose and the eyes may be felt.

The course of labor varies materially with the size of the foetus. If the foetus is small, labor is usually easy. The reverse is the case with a large child, because the largest diameter of the head (occipito-mental) must engage the superior strait, which is impossible unless the child is small, or until sufficient moulding of the head takes place, by which this diameter has been diminished and the fronto-occipital increased.

After moulding and descent have occurred, the brow usually rotates anteriorly, the forehead and root of the nose appearing at the vulva. Then one of the superior maxillary bones impinges against the symphysis, the rest of the head being born by a movement of extreme flexion, the brow, bregma and occiput appearing over the anterior margin of the perineum. The prognosis in persistent brow presentations with a large foetus is bad. If the brow be recognized at the superior strait, and is anterior, it should be left alone, as it will be converted into a mento-anterior presentation and will likely be born spontaneously. If the presentation appears to be persistent, and the brow posterior, attempts at conversion should be made as soon as the first stage of labor is completed. This can sometimes be converted into an occipito-anterior presentation by pushing up the presenting part in the vagina with the fingers, and at the same time flexing the child's body with the other hand. If this manipulation fails, version should be performed. If the brow be anterior, we may convert into a face presentation by vaginal manipulation or do internal podalic version and immediate delivery. But if the brow is firmly engaged and fixed, conversion need not be attempted unless we can push the presenting part up to the level of the superior strait. If this cannot be done the case should be left to nature and forceps applied when indicated by the condition of the mother or child.

In transverse or oblique presentations a diagnosis is made by vaginal touch and palpation, with two fingers or the whole hand in the vagina. We can usually differentiate between a shoulder and the breech by feeling the acromion process and head of the humerus, and by feeling the ribs in the axilla, and by the absence of the arms and genitals of the child. With the other hand we locate the hands, feet and head. The same methods are employed in transverse presentations.

The patient should be thoroughly anaesthetized and, needless to say, strict aseptic precautions taken. In both varieties internal podalic version should be performed and delivery accomplished.

The choice of the foot brought down is of the greatest importance. When the back is anterior, the lower one should be seized. In this way the back is kept directed toward the symphysis; whereas if the upper one is seized the back may turn in the opposite direction. When the back is posterior the upper foot is the one to bring down, and then traction will cause the back to rotate to the front. If an arm has prolapsed into the vagina, a fillet should be applied to the wrist and held loosely by the assistant. In this way the arm is prevented from becoming extended over the head and giving trouble during its extraction. In either position firm pressure should be made over the fundus of the uterus as soon as traction is begun to facilitate delivery and prevent extension of the head and arms.

Examination For The Army Medical Corps.

An examination for the Army Medical Corps will take place January 11, 1909. For further information address the Surgeon General, U. S. Army, Washington, D. C., or Major W. P. Chamberlain, Medical Corps, U. S. A., Jackson Barracks, New Orleans, Louisiana, (phone Hemlock 248) who will be glad to meet prospective candidates at the Barracks or at any convenient place in town. Circulars containing full information will be mailed on application.

Mississippi State Medical Association.

CHAIRMEN OF SECTIONS.

Electro-Therapeutics:—H. D. Webb, Grace.
Nervous Diseases:—N. Stewart, Asylum.
Eye, Ear, Nose and Throat:—F. L. Walton, Meridian.
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Surgery:—E. L. Robertson, Sunflower City.
Dermatology:—H. N. Street, Gloster.
Pediatrics:—J. T. Butler, Brookhaven.

Society Proceedings.

Clarksdale and Six Counties Medical Society will hold its closing meeting for 1908 at Clarksdale Dec. 9th. Afternoon session 2 p. m. Evening session 7.30. A large attendance is promised and it is expected that the membership of the society will be materially increased on this occasion as quite a number of non-members resident in the jurisdiction of the society have signified their intention of coming in.

Forrest County Medical Society held its regular weekly meeting on October 26th. with President J. J. Stevens in the chair and a good attendance. After disposing with the post-graduate work for the evening, Dr. J. N. McCormack's letter of the 26th. inst. (same having been dated in advance) sent out to officers of medical societies relative to the movement of the A. M. A. *et al.* for a National Department of Public Health in the existing Interior Department, was placed before the society, and the following committee was appointed by the president to take up the matter with our senator and representatives: Dr. W. W. Crawford, chairman; Dr. L. H. Martin, Dr. L. W. Bayne and Dr. I. H. C. Cook. Secretary S. Lewis Knight was instructed to notify Dr. McCormack of such action. After disposing of some minor matters of general routine work of the society, adjournment was taken until the following Monday evening, Nov. 2nd.

Tri-County (Pike, Lincoln, Copiah) Medical Society will hold its next meeting, and its annual election and banquet, at Brookhaven December 8th. The active and efficient secretary, Dr. D. W. Jones of Fernwood, is busily engaged in drumming up the members and a large attendance is expected. An attractive programme has been provided and the members are reminded that prohibition does not go into effect until Jan. 1st.

Warren County Medical Society will hold its annual election at its rooms in North Washington St., Vicksburg, Dec. 8th. at 8 p. m. A full attendance is requested.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Considerable comment has been excited by the results of the last examination held by the State Board of Health. The percentage of failures was a thing to make medical students contemplating future examinations in Mississippi sit up all night during the entire winter, instead of waiting until the ides of March to become studious. But an inside view of the situation reveals a state of affairs that is not only remarkable but that makes us extend a vote of thanks to the Board. A large number of those examined—so we are informed by a member of the Board—were men who had been already practicing in violation of the law; men who had either failed and gone ahead as if they had passed, or who had slipped in and evaded the law until called to account by the Board. One man had been engaged in practice some sixteen years! It was from this class of practitioners that the Board drew its unusually large attendance at the examination, large for the autumn attendance, and its unusual percentage of failures.

The Board is to be congratulated on its good work in unearthing these men. The profession of the state owes it a debt of gratitude. But if the good work is to be kept up the Board must not rest on its laurels, for the hardest and most disagreeable part is yet to be done. The men who failed—at least those of them who have been already engaged in practice—will be very apt to continue to violate the law, either supposing that the Board will not follow up their movements or counting on a miscarriage of justice should the attention of the local authorities be called to them. As their names and addresses are, it is to be presumed, on file at the office of the Board, we venture the suggestion that they be followed up closely and prosecuted if they continue to practice. So many of our counties are now organized that this should be a matter of little difficulty, for the secretaries of the societies will undoubtedly be in possession of, or can obtain, all the necessary information.

Letter to the Editor.

KENDRICK, MISS., Nov. 11th. 1908.

In the November issue of the *Mississippi Medical Monthly* is an article on "County Health Officers" by Dr. Robert Donald that has much in it worth serious consideration; but there is one paragraph that I wish to notice briefly.

He says: "Now, further, it is the continual cry of the medical profession 'legislate! legislate!' when our code of laws is crammed with numbers of good medical laws and none of them, or rather few of them, are being enforced, when their proper and uniform enforcement would result in untold good for the people, and when having shown them what a good thing it is we could have almost anything at their hands in return for what we have done. Personally I have grown almost as tired of this cry of 'legislate!' as I have of the cries of some of our low-pressure, soft-pedal, republican-democrats that 'Bryan's election means business stagnation and hard times, hard times, hard times.' It all reminds me of a story told by one of our negro tenants describing the differential points of interest (according to him) between the white baby and the negro baby, the gist of which was that the negro baby cries 'bread! b-r-e-a-d!' the white baby cries 'land! l-a-n-d!' Let's have done with this cry of 'legislate!' and get to work."

Inasmuch as I have perhaps done more of this cry of 'legislate!' than any other Mississippi doctor, it will not be amiss for me to say a few words. In February 1905 I published in the *Mississippi Medical Monthly* a short article calling the attention of the profession to the fact that a new code would be adopted in 1906 and that efforts would be made to repeal or modify our medical practice laws—that doctors should consider the matter and the medical association take some action. The warning went unheeded. There were many at the next meeting of the association who were just like Dr. Donald. Some even ridiculed the idea of the association's taking any action. Some of us know the result. When an effort was made by the osteopaths to have a board established for them, about forty letters came to one senator asking him to vote on their side. and only three to the same senator in the interest of the medical profession. There were only about a dozen regular osteopaths in the state but money was sent from other states, as well as men, to carry the osteopath bill.

In contrast to Dr. Donald's suggestion, let's quote from an osteopath journal of that date: "Iowa osteopaths are

making a splendid preparation for the legislative affairs that are coming up this winter. The osteopaths will ask for a separate board of osteopathic examiners. Letters have been issued by the president of the association, and the treasurer, calling for assistance. Every osteopath in Iowa should contribute his part for this campaign." Etc., etc.

Mark the prediction. Not one will fail to contribute. When the new code of Mississippi was being adopted in 1906 one physician volunteered to contribute—Dr. H. L. Sutherland. He generously placed his purse at the disposal of the manager of the movement to compel osteopaths to be examined by the board of health on anatomy, physiology and hygiene. If the doctors of Mississippi would use one-half of the pluck that he did, we could have the laws we want and have them enforced. The doctors of New York labored for years to get a medical practice act to their liking; but when they succeeded they rested, as Dr. Donald would have us do, and last session the spectacle fellows succeeded in having a board created for them —thus destroying in part the good work of many years. Eternal vigilance is the price of good medical laws. But, says one: "Those we have are not enforced". We might just as well say that we should have no laws against murder, theft or bigamy. With very few exceptions medical laws are enforced, and all would be if interest enough was exerted by the medical profession. Some are not enforced because the money to put them in operation was not appropriated.

If doctors would work with half the zeal that they should, we could get all the laws and all the money we need. Those who practiced medicine prior to the adoption of the medical practice act will tell you that the law we have, though impecfect and not so well enforced as it should be, has been of untold value to the people of our state. If doctors do not take an interest in medical legislation no one else will. There is more in this subject to us as physicians and to the sick people we treat than many doctors seem to realize.

C. KENDRICK M.D.

Association Presidents.

W. F. HYER, Meridian.

President 1880-1.

Wilbur Fisk Hyer was born in Summerville, Tenn., March 24th. 1839 and died in Meridian, Miss., very suddenly, from an attack of acute indigestion. November 18th. 1897. His

father, Wm. Hyer, was a Pennsylvanian of German descent, and his mother, Jane (Tobey) Hyer, a native of Connecticut, of English descent. Rev. Wm. Hyer moved to Tennessee about 1837 and in 1840 opened a boarding school for girls at Memphis, the first in the state. Later he was pastor of the Methodist Church at Aberdeen, Miss., and in 1854 of the Methodist Church at Vicksburg, where he died of yellow fever in 1855. Dr. W. F. Hyer, the only son who lived to maturity, was reared in Memphis, Aberdeen and Vicksburg, obtaining his education in private schools. In 1854 and 1855 he attended Cumberland Institute, Mechanicsburg, Penn., but at his father's death returned home and began the study of medicine. He received diplomas from the Shelby Medical College, Nashville, Tenn., in 1859 and the University of Nashville in 1882, and took a post-graduate course at the New York Polyclinic in 1886. He settled in Marshall County, Miss., in January 1860 and married Miss Eliza Bowen in April 1861, six children being the fruits of the union. May 18th. 1861 he enlisted in the Nineteenth Mississippi, being appointed assistant surgeon, but was at once detached and ordered to Johnston's army at Winchester and assigned to Kirby-Smith's brigade June 5th. 1861. He resigned in August and was appointed surgeon in charge of one of the Mississippi State Hospitals, at Warrenton, Va. In November 1861 he returned to Mississippi and was appointed surgeon of the Second Mississippi under General Alcorn. On the discharge of the State troops he was appointed surgeon C. S. A. and assigned to hospital duty, serving at Jackson, Corinth and Holly Springs until appointed consulting surgeon, when he was sent to Oxford. Later he was assigned field duty with the Second Arkansas Cavalry, and by virtue of his rank acted as brigade surgeon. After the war he returned home and was prominent in his profession in Marshall County, moving to Holly Springs in 1883.

In 1872 and 1873 he represented Marshall County in the legislature and from 1882 to 1884 represented his district as state senator. While in the senate he introduced and was largely instrumental in the passage of the medical practice act. He was chosen member of the State Board of Health from the Second congressional district and was president of the board in 1888 and 1889. On moving to Meridian he vacated his seat on the board but was reappointed to fill a vacancy, representing the state at large, and was chosen president to succeed himself in 1891 for a full term.

Dr. Hyer was for many years an active member of the Association, and was also a member of the Tri-State Association, and one time its president. *Dr. Rosa Wiss.*

Book Reviews.

A TEXT-BOOK OF DISEASES OF WOMEN. By Chas. B. Penrose M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Sixth Revised Edition; Octavo of 550 pages, with 225 original illustrations. W. B. Saunders Company, Philadelphia. Cloth $3.75 net, Half Morocco $5.25 net.

Dr. Penrose has given to the profession a work that is undoubtedly pre-eminent in its line. He has taken up the different phases of gynecology in such a manner and expressed himself so explicitly, that after reading you have a feeling of satisfaction in what you have read. His book is written in a clear, concise manner, free from all speculative theories which leave a doubtful mind, which for this reason makes the work especially valuable to the student, and a reference upon which one can rely. The sixth and last edition has been carefully revised, and such gynecological facts as have been established are added in the same explicit manner that characterizes the previous edition.

H. F. Sproles.

A TEXT-BOOK OF OPERATIVE SURGERY. Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar. M., M.D., Visiting Surgeon to Charity and Touro Hospitals, New Orleans. Third Revised Edition. Octavo of 1206 pages, with 854 illustrations, entirely original. W. B. Saunders Company, Philadelphia. Cloth $6.50 net, Half Morocco $8.00 net.

The last edition of this work contained nine hundred and eighty-four pages, including nine hundred and fifty-nine illustrations; the present edition contains twelve hundred and four pages, including eight hundred and fifty-four illustrations. In the new edition the author has replaced the twenty-nine pages of text covering twenty-five operations by one hundred and twenty-three pages describing one hundred and six operations. The book is most thorough in its arrangement and the author goes into detail in describing each operation, making it one of the most valuable operative surgeries in our literature, both for the student and the practitioner.

Martin.

LECTURES ON THE PRINCIPLES OF SURGERY. By Stuart McGuire M.D., Professor of the Principles of Surgery and Clinical Surgery, University College of Medicine, Richmond, Va. Southern Medical Publishing Co., 3026 West North Avenue, Baltimore, Md. Price, Cloth $4.00, Half Morocco $5.25.

This is a series of lectures based on standard authorities,

thoroughly gotten up and well arranged. As the principles of surgery are of great importance to the student, the book will be found of much value. It consists of fifty chapters, each representing a lecture by the author, in the preparation of which the text books of Senn, Nancrede, Parks, Warren and Treves and the systems of surgery edited by Keene, Bryant and Buck have been freely consulted.

MARTIN.

DISEASES OF THE SKIN AND THE ERUPTIVE FEVERS. By Jay Frank Schamberg M.D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo of 534 pages, illustrated. W. B. Saunders Company, Philadelphia. Cloth $3.00 net.

The brevity with which the author considers the various diseases detracts from the value of the book as a work of reference but puts it within the class of text books for the student, of which it is an excellent example. To the practitioner it will prove a help occasionally when a diagnosis is in doubt or when suggestions as to treatment are wanted in a hurry.

INTERNATIONAL CLINICS: A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles. Edited by W. T. Longcope M.D., Philadelphia. Volume III, Series 18. J. B. Lippincott Co., Philadelphia. Price $2.00.

The leading article in this issue of the popular quarterly is undoubtedly that entitled "On The Trail Of The Subconscious" by Professor Jastrow of the University of Wisconsin, being the Harvey lecture delivered before the New York Academy of Medicine. Others of note are a study of the etiology of appendicitis by Kretz of Sprague and some essays on treatment.

OBSTETRICS FOR NURSES. The New (3rd) Edition. By Joseph B. DeLee M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third revised edition. 12 mo. of 512 pages, fully illustrated. W. B. Saunders Company, Philadelphia. 1908. Cloth $2.50.

The reviewer has been using DeLee's Obstetrics in his classes in the training school for the past three years and has nothing but commendation for it. It is practical, complete, concise, with just enough of the subject beyond the ordinary field of the nurse to enable her to grasp the subject intelligently and to make it more interesting. It is an ideal book for the training school and an excellent reference for graduates in practice.

PAIN: Its Causation And Diagnostic Significance In Internal Diseases. By Rudolph Schmidt, Assistant in the Clinic of Hofrat von Neusser, Vienna; Translated and Edited by K. M. Vogel M.D. and H. Zinsser M.D. J. B. Lippincott & Co., Philadelphia.

We have not seen anywhere so complete and accurate an analysis of the phenomena of pain, which on account of the temperament, individuality and ideosyncracies of sufferers form at times one of our greatest stumbling blocks to a correct diagnosis. The author has drawn a most graphic series of pictures and given us an invaluable work.

ARTERIOSCLEROSIS: Etiology, Pathology, Diagnosis, Prognosis Prophylaxis and Treatment. By Louis M. Warfield A.B., M.D., Instructor in Medicine, Washington University Medical Department, Physician to the Protestant Hospital, etc. Eight original illustrations, C. V. Mosby Medical Book Co., St. Louis, Mo.

The most valuable points in the consideration of any disease are those that cover its prophylaxis and this is essentially true of the condition under consideration. The author does not, we think, go into sufficient detail regarding the best modes of living necessary to attain this end, probably for the reason that physicians are supposed to know these things, but though this is true enough it not seldom happens that an *ex cathedra* statement of details bears more weight than general suggestions.

DIAGNOSIS BY THE URINE—or the practical examination of urine with special reference to diagnosis—by Allard Memminger M.D., Professor of Chemistry and Hygiene and Clinical Professor of Urinary Diseases in the Medical College of the State of South Carolina, etc. Third Edition. Enlarged and Revised. Illustrated. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00.

A convenient and handy reference book of urinalysis containing practically all the information necessary as a guide in ordinary work.

COSMETIC SURGERY. The Correction Of Featural Imperfections. By Charles Miller M.D., 70 State St., Chicago. Price $1.50.

Unfortunately cosmetic surgery is practiced by but a few operators. Therefore the public is not trained up to having featural imperfections corrected. Featural surgery is destined to take its place as a recognized specialty. In this little book the author has given many valuable points. There are numerous horribly executed illustrations, each with a description explaining the operation.

MARTIN.

GENITO-URINARY DISEASES AND SYPHILIS. By Edgar G. Ballenger M.D., Lecturer on Genito-Urinary Diseases, Syphilis and Urinalysis, Atlanta School of Medicine; Editor Journal-Record of Medicine; Genito-Urinary Surgeon to Presbyterian Hospital, Atlanta, Ga. With 86 Illustrations. Price $3.00, carrying charges prepaid. E. W. Allen & Co., Publishers, Atlanta, Ga.

Barring the section devoted to syphilis, this is an entirely excellent little book, and would be altogether so but for the fact that the author, after writing a good dissertation on gonorrhea and its complications and sequels, and the various pathological states found in the bladder, prostate, vesicles and kidneys, considers syphilis so briefly that one gets the impression that he was either writing against time, or that his paper gave out, or that he simply got tired and quit.

A HANDBOOK OF SUGGESTIVE THERAPEUTICS: Applied Hypnotism, Psychic Science. By Henry S. Munro M.D. 2nd. Edition. C. V. Mosby Medical Book Publishing Co., St. Louis, Mo.

We regret to see written and published a work in the English language in which such a serious subject as psychic science is approached in the so-called popular manner. We deny for the honor of the American profession that it is necessary to write a medical work in such a crude and popular style; we believe that the profession would have grasped the facts, should they buy the book, equally as rapidly had it been written in the true scientific spirit instead of this happy-go-lucky style, putting every other word in heavy type, like a young lady's epistle. Such works as this are what cause all our medical literature to be condemned and laughed at by foreigners for its lack of scientific spirit, and we hope the day may never dawn in America when the medical profession will have its literature written in a popular vein. As for the subject matter of the book, we believe that the author is entirely mistaken as to the efficacy of Suggestive Therapeutics. Just one question will suffice. Under the head of Psychologic Factors In Therapeutics, he says: "To keep our prospective mothers in a buoyant, hopeful, cheerful state of mind helps to prevent albuminuria, eclampsia and other complications." Of course he means by hypnotising them frequently. But of the dangers of powerful impressions on the maternal mind reacting on the foetal mind of this venturing into this unknown sea; why, that's a mere nothing.

S. Myers.

MISSISSIPPI MEDICAL MONTHLY

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*POST-PARTUM HEMORRHAGE.

A. P. ALEXANDER M.D.,

SLEDGE.

The case that prompts me to write upon this subject is the only one of "flooding" I have seen in my limited experience in obstetrical work. I hope this society does not expect too much of me, as my paper is based solely upon this case and cannot be very exhaustive upon this subject and, too, I am reading this paper not to impart information but to receive some from you. This patient has "flooded" twice and of course I shall expect it again should I be called upon to treat her in labor again. Post-partum hemorrhage is, as we all know, a hemorrhage at the delivery of a foetus, either before or at full term, and may come become before or after delivery of placenta and may be concealed or external. The cause of this condition is a failure of the bleeding vessels to close after separation of the placenta from the uterine wall. These vessels do not close from lack of muscular tone of the muscles of the uterus, which failure may be caused by a long, tedious labor or a too rapid labor or from weakened condition caused from diseases before labor. However, the condition is caused from uterine inertia, whatever the cause of the inertia may be.

The symptoms are spurting of blood from the vagina before or after the placenta is delivered; absence of the uterine globe on palpation; the uterus may be soft and enlarged from a concealed hemorrhage with no external flow; dyspnoea and cold extremities; weak, very fast pulse, or pulse may be imperceptible and there may be great pallor of skin.

The case which I wish to report is as follows:

Mrs. J. M. W., white, about thirty-five years of age, rather plethoric, married about twelve or fourteen years, seventh pregnancy and eighth child, one pair being twins; only four children living, including baby of this birth. This woman after her fifth pregnancy had an excessive amount of amniotic fluid, probably several gallons, from report of attending physician, child stillborn; at sixth pregnancy she "flooded" and had septicaemia

* Read before the Clarksdale and Six Counties Medical Society.

following, though never very sick. I saw her one time, in consultation with attending physician. At the eighth time I was called to see her about twelve o'clock one night and found her sitting up and having no pains, but waters broken, which caused them to send for me. I made a vaginal examination and found the os dilated to about the size of a half dollar.

She had no pains that night and only very light ones for the next thirty-six hours. The patient lived some distance from my office and as she and her husband were very much alarmed, as they expected her to flood again, I remained with them until the second morning, when she said she had slept well and felt better than she had for two months. She was up and helping her mother prepare breakfast. During all this time the water was escaping at intervals. She said she could tell that she was very much reduced in size and no doubt she had an excessive amount of amniotic fluid. I left her that Friday morning, she was up all day, and about nine o'clock that night I was called hurriedly and found her having pains naturally and about eleven o'clock the baby was born and the trouble began. I gave her ergot by mouth and strychnine under the skin. My patient was very much excited and raised a shout as if she had been at an old-time camp-meeting. I tied the cord as soon as possible and began to knead the uterus through the abdominal wall to expel the placenta, but in spite of me the hemorrhage came. I gave her ergot into the thighs, as deeply into the muscles as I could with my syringe, and then began to remove the placenta which had adhered to the uterine wall and had to be removed in small pieces.

My patient became very weak from loss of so much blood and I was not sure I had removed all of the placenta, but I grasped the uterus through the abdominal wall and held it contracted as best I could and each time I removed my grasp spurting would begin, so I held the uterus for two and one-half hours before I felt safe in removing my hand. During all this time my patient was in a semi-conscious condition and remained so for several hours afterwards. The next afternoon I saw her and found her condition somewhat improved but with a temperature of 102° F. Sunday morning I called one of my neighbor physicians in consultation, he having treated her during her last two labors. We found her with a temperature of 103° F. and otherwise condition somewhat improved. We gave her an intra-uterine douche and removed some clots but no membrane to account for. Thinking her fever must be caused from malaria, we gave her calomel and quinine with strychnine and a vaginal douche three times a day. Two days

later her condition was still improved but her temperature remained 103° F. for three days, after which it ran down to normal. I gave my patient an iron, quinine and strychnine tonic and she made an uneventful recovery.

This patient was in a timber camp with practically no conveniences. I fully anticipated septicaemia but as she never had any temperature after the fourth day, I attributed her fever to malaria. I suppose Providence must have been on my side or else I would have lost her from blood poison. This patient's uterus was very soft and had practically no muscular tone and I can hardly see how it ever remained contracted at all.

I may have to treat this patient again should she become pregnant and I would like to know from this society if there is any drug I can give her to tone up the muscular fibre so that it will prevent the hemorrhage. Shoemaker recommends large doses of hydrastis for several months during pregnancy. In giving my treatment of this case you will readily see that I could have given a saline enema or infusion, but I did not have any syringe and could not do so.

*SOME OBSTETRICAL OBSERVATIONS.

F. M. BROUGHER M.D.,

BELEN.

During some twenty years practice in a strictly rural district amongst a clientele of fresh-air citizenry, in plantation and village, I have had only one case of twins. This one case was complicated with uterine inertia, necessitating the use of forceps.

This was the only case calling for artificial delivery I have seen during these twenty years.

I have seen one case of hemorrhage from partial placenta praevia. The aid used was plain gauze packed against the os uteri. The results subsequently were all that could be asked for, and uneventful delivery occurred a few hours later. This case was seen with Dr. G. W. Johnson.

I have seen two cases of post-partum hemorrhage. The aids invoked were the prompt use of cold water, poured from a few feet height over the abdomen, and the giving of a few drams of fluid extract of ergot, the emptying of clots by tamponage carried on for a day or two, and the careful attention to antiseptic details. In neither case was there any fever.

*Read before the Clarksdale and Six Counties Medical Society.

I have seen three cases of intercurrent high temperature, 104 to 106° F., of which the one yielded to cinchonism, proving malaria as the cause, the others to hot intrauterine douches containing bichloride of mercury, about one to ten thousand.

I have attended two cases of eclampsia. One patient, a thick-necked negress, a primipara, just after childbirth, eight miles away. I first saw her in convulsions, with dry, hot skin. I had no veratrum, and it seemed too far to risk sending for same, so I gave a hypodermic of glonoin, gr. 1-100, combined with morphine sulphate, gr. 1-3, at the same time gave large enemata of normal saline, very warm. Directed attendants to continue these in about an hour. Patient got easy after three hours under these agents, and was able to swallow about ten grains of a calomel purgative during a few partially lucid moments. After these three hours, the symptoms returned. Gave again the combination of morphine and glonoin, also used the continuous enemata of warm normal saline well above body heat.

Convulsions again abated and afterwards I repeated the calomel purgative during another period of lucidity.

For the third time, the same phenomena occurred, and the treatment was repeated with the later addition of bromide of potassium with chloral hydrate in full doses.

Meantime the heart action showed some flagging, the pulse was getting weak, soft and thready. Strychnine was given, and tablets left to give from time to time. At dark, having spent the day trying to restore the patient, I sought near-by lodging for the night, fully expecting to hear of her death by morning. But she reacted during the night, free purgation was had from the calomel and the woman recovered. She has lived to bear several more children.

Reasoning from the above experience, I have kept it in mind in the management of other cases; and in at least one other case have prevented eclampsia by the giving of calomel, about five grains, on first entering the lying-in chamber. This I use in cases when I have especial charge of the prospective mother's health weeks and months before labor.

Where the young mother was constipated, or showed malarial symptoms, refusing positively to take needed depurative treatment, I always began obstetrical preparations by giving "anodyne" containing morphine and calomel.

The latest case was a primipara, stout, sthenic, short, thick necked. At 1.30 P. M. gave her morphia, gr. ¼, and calomel, five or six grains. After eight hours of slow dilatation, the head began its descent and the patient began to show delirium.

I had the nurse give an enema of normal salt, pretty warm. The bowels acted well and freely, but for more than two hours the patient was more or less unconscious.

I gave two more hypodermics of morphia, and was preparing for instrumental delivery when the patient rallied consciousness from the last dose. This was a positive proof to me of the antidotal effect of morphia as against the pains of child-birth. Also I believe that the free evacuations rid the patient of toxaemic accumulations that had been fast leading her to eclampsia.

Meanwhile the uterine contractions had progressed and the head was coming down, so that when consciousness was restored my patient had lost no time in that respect.

My consultant at this juncture wanted to give chloroform inhalations, which was declined by me. A healthy, large girl child was safely delivered with no further complications.

I have just two patients to record who were managed first to last with no further drugging than one teaspoonful of fluid extract of ergot. Am not sure that was needed.

The antiseptic used by me in recent cases is Lysol. It is soft, agreeable and thoroughly cleansing for all purposes.

I want to ask a free discussion on these questions.

How do you handle the cord? Is ergot needed in normal cases? In what percentage of cases, or when to use forceps?

I set the patient up, or stand her up, or use an ancient position; that of sitting the patient in the lap of some strong attendant duly protected with sheets, quilts or rubber covering to the lap. In other words, I have avoided artificial methods of delivery so far, believing to follow nature's own indications is the sum total of our professional duty.

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*THE ETIOLOGY OF MALARIAL HEMATURIA.

C. J. MARSHALL M.D.,

LAMBERT.

This is a form of pernicious malarial fever which occurs principally in the tropics, especially on the east and west coasts of Africa; but it is also frequently seen in temperate climes, being found often in Greece, Italy and in our own section of this country. The evidence seems to indicate that it occurs only in persons who have resided in highly malarious districts for a considerable period of time, and who have had previous

*Read before the Clarksdale and Six Counties Medical Society.

attacks of malaria. It is said that it rarely occurs during the first six months of residence in a malarious district, so it would seem that by repeated infection with malaria a predisposition is produced to this form of the disease. It is claimed by some that anemia is the chief causal factor; others claim that from some toxic substance present in the circulation, possibly produced by the parasite itself, such destruction of the red blood corpuscles ensues that hemoglobin is set free in the blood-serum in such quantities that the liver cannot dispose of it, and hemoglobinuria results. The blood shows the presence of the estivo-autumnal parasite to be the exciting cause.

The Glasgow Medical Journal, for March '08, presents the following view, based on experimental results, as to the agency of quinine sulphate in the production of this trouble: in health it has been found that the action of sulphates in any form upsets for a time the osmotic equilibrium that normally exists between the red blood-cells and the plasma in which they float. In a series of observations on this action of different sulphates, quinine sulphate, magnesium sulphate and dilute sulphuric acid, a very decided decrease was obtained in the total salts of the plasma, implying a serious decrease in the osmotic tension of the plasma.

The red cells being permeable, no change takes place in the number of their inorganic molecules, but by endosmosis water passes into them, causes them to swell up, and, if the decrease in the plasma is sufficient, eventually to burst and extrude their hemoglobin.

In black water fever the hemolysis is due probably to three factors: injury to the stroma of the red corpuscles, caused by the malarial parasites, the presence of a hemolysin and administration of sulphates. While the first and second may be sufficient to produce backwater fever, the third may be the precipitating cause when the other two are ineffectual, *i. e.* the sudden lowering of the number of inorganic molecules in the plasma, may become sufficient to produce a difference in pressure between the plasma and the injured red corpuscles which these corpuscles cannot withstand.

Further research showed that while sulphates caused a lowering of the resisting power of the red corpuscles to hemolysis, chlorides caused an increase. In every experiment where quinine hydrochloride (particularly when combined with sodium chloride and dilute hydrochloric acid) was given, no fall in the salts of the plasma took place, but usually a well-marked rise.

The deduction of this writer, therefore, is that as malaria

is the underlying factor in the cause of blackwater fever, and as in order to get rid of that source of danger quinine must be given, the rational indication for both prophylaxis and treatment is to avoid giving sulphates in any form, and to administer quinine in the form of the hydrochloride, or acid hydrochloride.

The British Medical Journal, April 1907, says, commenting on another article on blackwater fever: "While one may agree that intense malaria, plus quinine, can and does induce hemoglobinuria, still the fact remains that in districts where both intense malaria and blackwater fever are found, there are many bad cases of malaria which are treated successfully by quinine, in which no such untoward symptom as blackwater fever occurs." Hence, while admitting the two factors, namely malarial attacks of greater and lesser frequency and quinine, not necessarily in large doses, still he thinks that the real etiology of this disease may lie in the fact of a kidney lesion. Taking this view we have three factors, malarial infection, use of quinine and a lesion of the kidneys. This might explain the scattered incidence of the disease in the same district, where malarial fevers are common and the use of quinine universal, but the third factor, a diseased kidney, will only rarely be present also. It may be found that in regions in which bad malarial fevers abound, and also blackwater fever, it would be wise before administering quinine to make an examination, chemically and microscopically, of the urine, and to avoid using quinine when there is evidence of a kidney lesion.

The New York Medical Journal, October 12th. 1907, says that the hemoglobinuric form of malaria is due to toxins produced by continued presence and large number of plasmodia, because not one case is noted in which the patient had not suffered from several previous attacks. It advises as treatment the prompt use of quinine hypodermically, in large doses, and purgation with calomel, the quinine to be repeated, if the hemoglobinuria persists, at intervals of from six to twelve hours till the urine is normal.

I have here presented the three latest theories that I have been able to find, in three countries, Scotland, England and the United States. As to the truth or falsity of the theories time alone will tell.

Other causes which contribute to the disease are anything which lowers the vitality of the individual, such as alcoholism, syphilis, physical fatigue and mental emotions, changing from one locality to another in malarial regions.

There is, and always has been, great diversity of opinion among medical men in regard to the use of quinine. Professor

Koch said that hemoglobinuria is only another name for quinine poisoning; another man, of equal prominence, steps up and says that out of nine cases of blackwater fever he has treated, two were fatal; in both, the administration of quinine was neglected until it was too late. All the cases which recovered were treated with heroic doses, thirty grains in twenty-four hours, and that attack lasted four days, the hemoglobinuria subsiding gradually.

So from all the authorities that I have looked up, and from the various theories which I have presented to you as being possible causes of the trouble, the only point upon which we are all agreed is that malaria is the starting point; the estivo-autumnal parasite lies hidden in some dark recess, somewhere, and is the primary cause of the blackwater fever. Whether or not quinine is a causative factor, whether it is not quinine but the sulphates that cause it, whether there is a kidney lesion beforehand that allows it to come on, whether it is due to a new toxin, generated by the long continued presence in the blood of the malarial germs, or whether none of these reasons is correct but there is some altogether different one, that has not yet been discovered, perhaps we can determine by a close attention to our work, carrying it on along systematic lines, and reporting results and comparing notes frequently at our meetings.

*DIGITALIS--ITS USES.

G. S. JOHNSON M.D.,

BELEN.

Digitalis, as you know, is from the dried leaves of the second year's growth from which we get several products, the most important, fluid extract, tincture, infusion and digitalin. Of these, I prefer the tincture, from the fact that it is less liable to form a deposit. It is bitter and not very pleasant, and the constant use is liable to bring about disorders of the stomach, such as nausea, vomiting and diarrhoea. Its action is to reduce the heart beat, increase the inhibitory action of the motor ganglia; it increases the contraction of the arterioles, by which arterial tension is raised, and is a powerful vascular stimulant; lowers temperature, where dependent upon abnormal conditions; has no such effect in health. It is not a diuretic, but gets that effect from its controlling influence upon the heart, and you see that best in cases of so-called

*Read before the Clarksdale and Six Counties Medical Society.

"dropsy" due to cardiac insufficiency and also in cases of congested kidneys—possibly by contracting renal capillaries, which naturally lessens engorgements and allows normal secretions, but do not slow the heart when muscular degeneration is at its ebb; then they die.

You will find it beneficial in heart troubles. Where there is low arterial tension, connected with fever, then give in small doses four or five times a day.

Digitalis is slow in its action and therefore objectionable in fevers of long duration. It is more rapid and direct given hypodermically and is readily absorbed by the skin.

Each of us is more or less familiar with its effect upon the heart, and I mention this in view of the fact that the treatment of other ailments are dependent to a certain extent upon its action on that organ.

Digitalis is indicated in almost all forms of "dropsy" though I would hesitate to use it in certain cases of weak and irritable heart, and if used at all would watch its effect carefully. I get better results from small doses repeated often than from larger doses repeated at longer intervals. This I attribute to the constant and not intermittent effect.

Where we find a case in which the heart is weak, dependent upon too much activity, and where we want to equalize the diastolic and systolic action of the heart (it regulates both at the same time) we would give digitalis; for instance, in the early stage of pneumonia. I find it one of the best drugs I can use in connection with spirits of nitrous ether; though slow in its action, it is sure. But we must not push it, as we are liable to syncope, due to over-stimulation, and I would warn you against its use in the latter stage of pneumonia, where the heart's action is weak, rapid and irritable, for then you will find the heart running away with itself and no way to check it.

If you find a case that is "water-logged", nothing is so good as digitalis, with squills and calomel.

I find it useful in acute febrile troubles, in pleurisy, bronchial troubles, especially those cases tending toward congestion.

In the treatment of fevers not of a malarial origin, I cannot get much benefit. In cases due to malaria I get good results.

You will find that digitalis in connection with spirits of nitre is tolerated well by children, and in acute lung troubles you will find that the use of digitalis will lessen the shock and the difficult and labored breathing, and produce rest, which is so necessary in these cases.

I rather think that its cumulative effect is due, not to the drug itself, but to the wearing out of its tonic effect upon the heart.

Bear in mind that the drug is readily absorbed and a toxic dose can be given with results not looked for.

Its incompatibles are cinchona, tannin, lead and tincture of iron.

Its antagonistics are tannin, opium and aconite.

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MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The discussion of the troubles of county health officers that has been going on in the columns of this journal for some time has brought out a number of interesting points. Dr. Donald's suggestion of an association of county health officers is excellent and there cannot be the slightest doubt as to the advisability of such an organization. It would be of the greatest possible value to the health officers and, through them, to the people of the state.

Dr. Donald charges that some of the health officers are in it for " the dough". With all due respect to the men in office, we have no doubt of the truth of this charge. Except in times of epidemic, many of our health officers are conspicuous by their inertia. But there is some excuse for this in some counties. On another page of this issue appears a letter from Dr. Minor, health officer of Noxubee, in which he gives some of his experiences. No man will accuse Dr. Minor of laziness or laxness in office, or anywhere else, for his friends all know him and so far as we have been able to learn he hasn't any enemies; but he cannot get results—because he has no power. That is the milk in the cocoanut.

The truth is that our system is all wrong. Each county runs its own little private affairs and tries to do it as economically, or stingily, as possible. The physician has to run the job of county health officer as a "side line" and to hold it must be a man of sterling qualities backed by that popularity that only comes after long years of honest dealing with his people, or he must be a politician. If the former he is generally so busy with other things that he cannot give the time the work demands without neglecting himself and his family, and if the latter he is chiefly interested in keeping on good terms with the other politicians so that he may hold on to the job. He is always underpaid, not for what he does, perhaps, but for what he ought to do.

What we need is state control and state management in

our health affairs. No man can be an effective health officer who is in general practice. Either his own clients or those of his rivals will be after him and down on him every time he makes a move. No matter how honest he may be, ulterior motives will be attributed to every official act that may effect the comforts or the pocket book, or even the notions, of any member of the community. What is wanted is half a dozen field officers for the Board of Health who must be paid enough to enable them to devote their entire time to it and be independent of the whims of the people. Then assess the counties, *pro rata*, to pay their salaries. The idea of leaving the salaries with the Boards of Supervisors is a relic of the dark ages of medicine. Imagine paying a man like Dr. Minor the princely stipend of "twelve per". Fortunately for the people of Noxubee County, he is a man who will do his duty as he sees it if he isn't paid a cent, but that doesn't make the question of salary right and is the strongest argument we have yet seen for taking the matter out of the hands of the supervisors. In the meantime, until such action is taken, and we believe ourselves prophets enough to say that this will come, even in easy-going Mississippi, we beg those of our Noxubee brethren who have charge of these men professionally to open up their skulls and see if they can't find some cure for their lunacy.

History Of The Mississippi State Medical Association.

*"The first meeting of the Association was held in Jackson December 15th. 1856. It was organized by electing the venerable Dr. W. Y. Gadberry of Benton president and Dr. M. S. Craft of Jackson recording secretary. The meeting was composed of Drs. Gadberry and Craft; Drs. S. C. Farrar and A. B. Cabaniss of Jackson; H. Posey of Brandon and C. B. Galloway of Kosciusko; with perhaps others whose names do not appear in the proceedings. A Constitution and By-Laws were adopted and delegates appointed to the American Medical Association. On motion of Dr. Craft, those physicians who signed the call for this convention were declared permanent members on compliance with the Constitution and By-Laws.

"The Association adjourned to meet on the second Mon-

*[From a letter by Dr. J. M. Taylor, president in 1873-4, published in the 1893 *Transactions*.]

day in November 1857, but there was no other meeting until April 20th. 1869, when, in pursuance of a call made by the Vicksburg Medical Society, physicians from various parts of the state assembled in the city of Jackson for the purpose of forming a State Medical Association. Dr. A. B. Cabaniss was called to the chair and Dr. Ed. Lea, of Winona, appointed secretary. Reorganization was effected by the election of Dr. E. T. Henry, of Vicksburg, president and four vice-presidents in the order named:—Thos. D. Isom of Oxford, E. G. Banks of Clinton, S. V. D. Hill of Macon, and Wm. Compton of Holly Springs. Dr. Ed. Lea was elected recording secretary, Dr. M. S. Craft corresponding secretary and Dr. P. T. Bailey, of Jackson, treasurer. Much important business was transacted at this meeting, which was really the beginning of the Association. The Constitution and By-Laws of the former meeting were readopted with a few unimportant changes. The following were elected delegates to the American Medical Association, to meet in New Orleans:—Drs. F. W. Dancy, S. B. Cutler, W. Y. Gadberry, M. S. Craft, Robert Kells, Jas. R. Barnett, K. C. Devine, P. F. Whitehead, Ed. Lea, E. T. Henry, H. C. McLaurin, W. B. Williamson, C. B. Galloway, S. V. D. Hill, ——— Martin, T. D. Isom, F. Hughes, B. F. Ward, A. Thomas, J. S. Davis, L. Lipscomb, J. P. Moore, Gus. Evans, J. G. Thornton, A. G. Mayers, J. M. Greene, A. B. Snell, A. H. Smith, Wirt Johnston, D. A. Kinchloe, ——— Lyle, ——— Harper of Natchez, and J. J. McLean of Union Church.

"On motion of Dr. Barnett, a committee was appointed to prepare an address to the medical profession of the state, urging the importance of speedy organization of county or local societies; and, on motion of Dr. Hill, a committee was appointed to prepare an address to the people of the state respecting the importance of a more perfect system of drainage upon plantations, with a view to as far as possible arresting the production of miasma, so fruitful as a source of grave forms of fever.

"Chairmen of committees were appointed, also, to report at the next meeting on important medical subjects. The Association adjourned to meet at Vicksburg on the first Monday in April 1870.

"Pursuant to adjournment, the Association met in Vicksburg, April 4th. 1870. Several interesting cases were reported. A tumor, removed the day before by Dr. Baird, of Yazoo County, was exhibited. Dr. Hunt, of Vicksburg, reported the removal of an ovarian tumor. Dr. Booth, of Vickburg, reported a case of aneurism of the ascending aorta, which had caused ab-

sorption of part of the sternum and ribs. Dr. Hunt also reported a case of anchylosis of both maxillary bones relieved by operation. Dr. D. B. Nailor, of Warren County, reported a case of abscess of the right lung, simulating aneurism. Dr. Hill reported a case of artesia vaginae in which no uterus could be found and Dr. Balfour a similar case in which the catamenia had appeared in girlhood but had not returned for twenty years.

"On motion of Dr. Steinside, a committee (Craft, Mitchell and Baley, of Jackson) was appointed to memorialize the legislature to appoint an examining board to examine all persons proposing to practice medicine in this state. Officers elected for the ensuing year were: S. V. D. Hill, president; A. B. Cabaniss, D. B. Nailor, C. B. Galloway and B. F. Kittrell, vice-presidents; Dr. McConnell, recording secretary; J. R. Barnett, corresponding secretary; W. Y. Gadberry, treasurer. The association adjourned to meet the next year in Meridian."

(*To be continued.*)

Association Presidents.

B. F. WARD. Winona.

1881-2.

Benjamin F. Ward was born in Abbeville County, S. C., Feb. 25th. 1836, being the youngest child of Wm. F. and Martha (Mecklin) Ward, both of Irish lineage. Wm. Ward dying, his widow came to Mississippi in 1846, settling in Choctaw County. As a young man Dr. Ward moved to Carroll County where he taught school and read medicine. He took his first course of medical lectures in the University of Louisiana and graduated from the Atlanta Medical College in 1859; returning to Carroll County where he engaged in practice until 1861, when he enlisted as a private in the Eleventh Mississippi Infantry. After one year of service he was appointed field surgeon of this regiment, and later served as brigade surgeon for Gen. Joseph R. Davis. He was then appointed to the army medical board, with the division of Maj.-Gen. Heth, and served in this capacity until the end of the war, when he settled in Winona, Montgomery County. He is well known throughout the state as a speaker and writer, not only on subjects pertaining to his profession, and in both capacities his services have often been requisitioned. He served as president of the State Board of

Health during the administration of Governor Vardaman and has been for many years chief surgeon of the Mississippi Division of the United Confederate Veterans.

Dr. Ward was married June 3rd. 1868 to Miss Mary H. Hardeman of Grenada and they have four children, Melzana, wife of Henry Hart, a merchant of Winona; Wm. C., a merchant of Winona; and Mary and Benjamin F. Jr., who still live with their parents.

Rowland's History of Mississippi, 1907.

Letters to the Editor.

HATTIESBURG, Dec. 10th.

To the Editor:

Dear Doctor: Being the son of a woman, I have inherited the trait and desire to have the last word.

Dr. Kendrick, as is well known, is a courageous, conscientious and capable physician, as well as a conservative law-maker, therefore statements coming from him cannot be passed unnoticed. He has been giving me the devil for what he thinks I think regarding the public policy of the medical profession, and the crowning criticism of his effort is where he winds up by virtually saying: "Father forgive him, he knows not what he does". Now, to be concise, to finish with the subject as quickly as possible and not utilize too much of the space of this journal in useless and profitless controversy, Dr. Kendrick taxes me with a desire to rest where we are and be content with what we have in the line of laws. In answer to this I want to say that if Dr. Kendrick or anyone else will show me where I have advocated a policy of resting, as against work, I will guarantee to eat the paper upon which the document is written "dry so, raw, and without salt".

The burden of both my song and sermon has been and is "WORK" in "box-car letters": work with all the vim and vigor and vinegar that is in us; work. The people are from Missouri and have got to be shown, *"And when having shown them what a good thing it is, we could have almost anything at their hands in return for what we have done".* I do think, though, that it is foolish to cry for the moon when we have bread to eat.

I thank Dr. Kendrick for noticing what I have to say, even in a negative way.

Respectfully,

ROBERT DONALD M.D.

Macon, Miss., Dec. 5th. 1908.

Dr. E. F. Howard, Editor Mississippi Medical Monthly:

Dr. Robert Donald, Hattiesburg, wrote and published in your journal a very forceful and appropriate article on "County Health Officers". In your December number is another article on the same topic by Dr. C. Kendrick. I write you on the same topic, viewed from the standpoint of a county health officer: why he is so often ineffective. I have been the chief health officer of this (Noxubee) county ever since the law creating this office has been in force. I will state my grievance. The laws on hygiene and sanitation are adequate, but public sentiment is not in accord with their enforcement. The people, many of them, are inclined to resent my interference with their affairs and do not obey my orders. The officers of the law—the executives—pay little or no attention to them. This year, in my own town of Macon, the streets, lots, home environments, such as privies, cess-pools, back kitchen window sewers and ditches are, in many cases, in a most unsanitary condition. I complained to the board of aldermen. They showed me that the town ordinances were adequate and referred me to the mayor and town marshal. These were very polite but did nothing, even after repeated interviews and vehement urgings. I wrote to Dr. S. H. McLean, secretary of the State Board of Health. He instructed me to report my case to the member of the board from my district, Dr. Richardson of Sturgis; that failing, to report the matter to the county Board of Supervisors. This I did most earnestly, with no results. He then told me to report it to the district attorney. Court was convened soon after this and I reported to the district attorney in writing and by word of mouth, in the presence of the grand jury. I repeated this in two days. I got the circuit judge to come into my office and told him of my woes. For all these efforts I got nothing. We escaped an epidemic, with no thanks to the law or to the executors thereof. Now, without egotism, I am not lazy; nor am I indifferent to the calls of duty, even when I know that my demands will not be heeded; but what is the use of my making myself unhappy, and of my weary rides over a large county, or of my growling with my people when I know that no good will result? But my salary, you will ask? Well, I get twelve dollars a month, $144.00 per annum! "Mirabile dictu"!

How many of the county health officers are in my class?

Respectfully submitted,

H. A. Minor M.D.,
Chief Health Officer, Noxubee County.

Society Proceedings.

Clarksdale and Six Counties Medical Society held its December meetings on the afternoon and evening of December 9th., both sessions being eminently successful in point of attendance, enthusiasm, inspiration and edification. About fifty members were present, besides a number of visitors, and sixteen timely and profitable papers were read and freely discussed. Eight new members were added.

It was an inspiration and an event of pride to have with us the president, the secretary and the treasurer of the State Association: Drs. J. W. Gray, E. F. Howard and H. L. Sutherland, respectively. These state officials entered into our discussions and deliberations as though they were just plain county-society men. The secretary, Dr. Howard, was on the programme for an address, and from intimations furnished in advance we were prepared for a severe castigation, but in the goodness of his heart he tempered the wind to the shorn lambs and let us off with a gentle scolding.

The local secretary was instructed to write to the congressman from this district urging him to vote for a bill assembling under one general department of public health all the various bureaus pertaining to national health. The president appointed a committee to investigate the proposed changes in the State Constitution and By-Laws and report on same at our next meeting.

By far the most significant and far-reaching action taken at this meeting was the adoption of a resolution debarring from membership in the society any physician who shall make an examination for any old line insurance company that does not pay a minimum flat rate of five dollars for each examination. This discussion was discussed freely and candidly, the only objection to its adoption being a mere matter of policy and not of principle.

This action of the Clarksdale and Six Counties Medical Society does not debar any man from its membership. On the contrary it seeks to unite and draw closer together every man within its jurisdiction for the final charge against those insurance companies which have sought, by means not wholly ethical, to dominate the medical profession and make its members hirelings and slaves. The only condition it imposes upon any physician is that he fight with his hands free and under the banner of freedom.

The rather pretentious banquet following the evening ses-

sion invigorated the physical man and gave opportunity for the escape of pent-up eloquence. Hon. W. A. Alcorn, of Coahoma, was the special orator of the evening, but did not frighten away medical eloquence when invited by the witty toast-master, M. J. Alexander. Among the after-dinner talkers were Drs. Turner, Holder, Crisler and Pettey of Memphis, Johnson of Yazoo City, Howard of Greenville, Jones of Hernando, and the state officers.

Forrest County Medical Society met in regular weekly session on December 7th at 7.30 P. M. President Stevenson being absent, Dr. T. E. Ross occupied the chair until called out to see a patient, when Dr. L. W. Bayne was chosen to preside for the remainder of the session. Clinical cases: Drs. Martin, Ross, Turner, McKinnon and Bayne reported cases of adherent prepuce. At this juncture, rules were suspended and officers for 1909 were elected, as follows: Dr. L. W. Bayne, President; Dr. E. Dill, Vice-President; Dr. H. L. McKinnon, Secretary-Treasurer; Board of Censors: Drs. W. R. Thames, S. S. Turner and J. E. Elliott; Dr. P. A. Carter, Delegate to Mississippi State Medical Association. Committee appointed by president to confer with our senator and representative relative to Dr. McCormack's letter read before the society at previous meeting was allowed more time in which to report. Commencing in January, 1909, Thursday instead of Monday evening was selected as the date for holding regular meetings of the society.

Harrison County Medical Society met Dec. 8th. at Gulfport. Letters were read from Senator A. J. McLaurin, Hon. E. J. Bowers and Hon. H. D. Money in reply to communications from the society asking support for a National Department of Public Health. All were favorable to the matter. A committee was appointed to solicit the aid of the Gulfport Union in this enterprise. Discussion of the epidemic of infantile paralysis was next taken up, Dr. LeBaron reporting two cases, Dr. Anderson five, Dr. Parker four, Dr. Rowan one, Dr. Sheeley two, etc. The symptoms were described in nearly all cases as rapid pulse, high temperature with either contracted or dilated pupil with paralysis coming on in about forty-eight hours, extending until death occurred from paralysis of muscles of respiration. Mortality was at least fifty per cent. Election of officers for the ensuing year resulted as follows: President, C. LeBaron, Gulfport; Vice-President, A. L. Morris, Gulfport; Secretary-Treasurer, H. H. West, Gulfport; Delegate, W. W.

Cox, Lyman; Alternate Delegate, H. M. Folkes, Biloxi; Censor, B. Z. Welch, Wool Market. Drs. Strange, Rowan and Sheeley were appointed to make arrangements for our annual banquet at the Great Southern Hotel on Jan. 12th. 1908 and to invite, besides the fraternity, the following-named gentlemen to mingle in our festivities: Capt. J. T. Jones, Judge Neville, Judge Hardy, Mayor Foote, District Attorney Harrison and others. Committee will arrange for a reception to be given the same evening to which the public is invited. We plan lectures on medical subjects and Dr. Mayer will entertain us if he can be secured.

Tri-County (Copiah, Lincoln, Pike) Medical Society met in the parlor of the Inez Hotel, Brookhaven, Dec. 8th., Dr. J. A. Rowan president, Dr. D. W. Jones, secretary. There were thirty members present and twelve guests, among the latter our Councilor J. S. Ullman, State Secretary E. F. Howard, State Lecturer Fred. J. Mayer and Prof. T. P. Scott, president of the State Teachers Association. After a short business session, the following officers were elected for the ensuing year: President, J. H. Johnson; Secretary, D. W. Jones; Vice-Presidents, W. L. Little, R. E. Higdon, Thomas Purser; Censors, L. D. Dickerson, J. M. Catching, Henry Flowers; Delegates, J. A. Rowan, W. H. Frizell, D. W. Jones. The secretary read his annual report, which showed the society's finances to be in prosperous condition. President Rowan read his annual address, full of good suggestions for the future conduct of the society. The society and guests then repaired to the dining hall, where a sumptuous banquet was served.

The following society officers for 1909 are reported to date:

Clarksdale and Six Counties—J. G. Backstrom, Tutwiler, pres.; T. M. Dye, Sherard, secy.

Forrest—L. W. Bayne, Hattiesburg, pres.; H. L. McKinnon, Hattiesburg, secy.

Harrison—C. LeBaron, Gulfport, pres.; H. H. West, Gulfport, secy.

Hinds—W. W. Smithson, Jackson, pres.; W. B. Dobson, Jackson, secy.

Issaquena—T. A. Heath, Shiloh, pres.; W. H. Scudder, Mayersville, secy.

Leflore—E. G. Hamilton, Schlater, pres.; W. B. Dickins, Greenwood, secy.

Monroe—J. C. Gathings, Prairie R. F. D. No. 1, pres.; F. J. Underwood, Nettleton R. F. D. No. 3, secy.

Newton-Neshoba—G. H. McNeill, Newton, pres.; C. Z. Hagan, Decatur, secy.

Pearl River—R. F. Nimocks, Poplarville, pres.; F. Horne, Carriere, secy.

Tri-County (Pike, Lincoln, Copiah) J. H. Johnston, Brookhaven, pres.; D. W. Jones, Fernwood, secy.

Warren—B. I. Hicks, Vicksburg, pres.; S. W. Johnston, Vicksburg, secy.

Personals.

Dr. J. M. Guthrie, who for some years has practiced at Quitman, is spending the winter in Memphis doing special work. He will be in Chicago next summer perfecting himself in diseases of the eye, ear, nose and throat, after which he expects to return to Mississippi.

Dr. A. E. Reed, the efficient secretary of the Choctaw Medical Society, has removed from Chester to Weir.

Obituary.

Dr. A. F. Richardson of Sturgis, member of the Clay-Oktibbeha County Medical Society and of the Mississippi State Medictl Association, member of the State Board of Health from the first congressional district, was killed by an unknown assassin Dec. 24th. 1908.

Dr. Richardson was a native-born Mississippian. He graduated from the Memphis Hospital Medical College in 1903 and served a term as resident physician in the Memphis City Hospital.

The twenty-second annual session of the New Orleans Polyclinic opened on Nov. 2nd. with a larger class than ever before, and the indications are for a successful term.

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ADDRESS TO THE LEFLORE COUNTY MEDICAL SOCIETY.

E. G. HAMILTON M.D.,

SCHLATER.

Fellow Members of the Leflore County Medical Society:

It is with a feeling of profoundest appreciation of the honor you have conferred upon me that I come before you to-day. Let me assure you that as president I will endeavor to maintain the high standing of this association and conscientiously exert myself to promote the welfare of the profession.

As, perhaps, the youngest member of the association, it is with a feeling of embarrassment that I attempt to address you.

While casting about for a subject the thought persistently recurred, what can I write that is not familiar to you? Having read somewhere that in studying new subjects one always finds something old but in studying old subjects one always finds something new, I have chosen one of the oldest subjects known to medical science: venereal disease.

Syphilis was first described as a separate venereal disease in 1494, but there is good reason to believe that it is much older. Gonorrhoea is referred to in the 15th chapter of Leviticus, but some writers give a later date, 1545, for its appearance. To-day it is one of our most common maladies, so common that those who have most opportunity to know place the proportion of men who have been infected at seventy-five per cent, while the number of probable syphilitics is put at twenty per cent.

The peculiar relations under which venereal diseases are spread and the feeling of abasement and shame of the infected make it difficult to obtain accurate statistics, but Dr. Hooker, *Maryland Medical Journal,* gives an estimate that the number of cases of venereal disease actually reported in Baltimore exceed by more than four thousand the total number of other contagious diseases.

Much has been accomplished in the prevention of such diseases as tuberculosis, typhoid fever, malaria, bubonic plague, cerebro-spinal meningitis, diphtheria, hydrophobia, small-pox,

cholera and scarlet fever. Is it not appalling that more has not been accomplished in the prophylaxis of gonorrhoea and syphilis?

It is plainly our duty as physicians to do something in this matter, but what is to be done? How can we best prevent the spread of these scourges of humanity, these despoilers of homes, these vampires of society?

Upon first thought it would seem that by proper legislation we could so regulate prostitution as to minimize this source of infection, but this does not suffice. The prostitute, though ordinarily regarded as the chief means of spreading these diseases, is not the only purveyor of the infection. It is her partner, the husband and father, who is the responsible cause of the wreckage of the health and lives of innocent women and children.

The recognized prostitute, wise by experience, will usually report her condition and subject herself to treatment but, on the other hand, the woman who has fallen but is still making a pretense of chastity will not, for obvious reasons, consult a physician and is consequently a prolific source of infection.

Dr. Prince A. Morrow says that "the mainspring of this evil lies in ignorance, therefore the proper remedy is education."

Gonorrhoea, or clap, is a malady scoffed at by the light-brained members of a community. It is common to hear an old roue boast of the number of attacks he has had and claim that it is no worse than a bad cold. I have even known a crowd of young fellows, as they expressed it, putting another youngster "on to a good thing" in the shape of a prostitute whom they knew to be infected with gonorrhoea, and in the course of time laughing at the joke they had played on their victim. Truly comedy has ever been twin-sister to tragedy.

I regret to say that many of us, whether from ignorance or carelessness I will not presume to say, do not do our whole duty as physicians in the management of venereal cases. We should advise our patients as to the seriousness of the disease, its complications and sequelae, and especially have them take precautions against infecting others. One of the most delicate questions we must decide is when it is safe for our patient to marry. By erring we often ruin the happiness of a household and furnish surgery for the gynecologist.

But how shall we educate the public? This should be begun early by the parent of the child and on this foundation should be built later instruction in the physiology of sex, which should include the true purpose of the sexual function.

Later may be taught the danger, both physical and moral, which comes from the irregular exercise of this function. This substitutes sound and wholesome knowledge of the sex function for the demoralizing and erroneous instruction generally received from ignorant and often vicious sources.

"It is not pretended," says Nelken, "that education is a perfect solution of the problem of venereal diseases. Their occurrence among medical students and members of the profession proves that knowledge is not always power. But he is narrow-minded indeed who believes that a dispelling of the general ignorance of the perils of venereal infection can prove anything but salutary".

Ellis advocates four methods for the prevention of venerial disease: by proclaiming openly that they are like other diseases, not especially shameful as evidence of sin; by obtaining information regarding them by notification and free treatment if necessary; by training the individual sense of responsibility for their transmission; and by the spread of hygienic knowledge.

I have not introduced this subject with the idea of imparting information, for my own ideas as to the best solution are vague, but to originate a discussion in which we may all express ourselves.

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*BRIGHT'S DISEASE.

S. W. GLASS M.D.,

DUBLIN.

Under the term Bright's disease we have several varieties: catarrhal, acute and chronic parenchymatous, interstitial and amyloid nephritis.

In the catarrhal variety we find the following pathological conditions: the kidneys are increased in size, there is increased redness with points of vascularity corresponding to the Malphigian bodies. The abnormal hyperemia causes a catarrhal state of the ducts of the pyramids with shedding of the epithelium.

In the acute parenchymatous form we find the kidney greatly swollen and enlarged, red and more vascular. The tubes are engorged and filled with epithelium, blood corpuscles and fibrin. The capsule is easily detached and more opaque than normal.

*Read before the Clarksdale and Six Counties Medical Society,

In the chronic form we find a large, white, smooth kidney, often twice the normal size. The capsule is nowhere adherent to the organ. The convoluted tubules are irregularly dilated and thickened and filled with broken-down granular epithelium and fibrinous casts.

In the interstitial form we find the kidneys greatly reduced in size, the capsule is adherent, opaque and thickened, the connective tissue is greatly thickened, compressing the tubules into mere threads, the glomeruli being grouped together in bunches owing to the wasting of the intermediate tubes and the color varies from a darkish brown to a yellow gray according to the amount of blood in the organ.

In the amyloid form the kidneys are uniformly enlarged and present a pale glistening appearance. Deposits appear along the renal vessels and in the vascular tufts of the glomeruli, progressing until all parts of the organ are infiltrated. The proper structure undergoes an atrophic degeneration, the result of pressure.

Etiological factors in the acute catarrhal form are cold, pregnancy or any irritating substance taken into the body, such as turpentine, carbolic acid, etc., and anything that may obstruct or interfere with circulation may cause a passive form.

In the parenchymatous variety cold, exposure, alcoholism, syphilis, chronic malaria, diphtheria, scarlet fever or other infectious disease may serve as causative factors. Practically the same causes are found in the interstitial variety, while suppurating or wasting diseases are the provocations in the amyloid form.

In acute Bright's there is usually pain in the back that follows the course of the uterers into the bladder, thence being sometimes referred to the penis or testicles, irritable bladder with almost constant desire to urinate, scanty, high-colored urine containing tube casts and albumin, fever, headache, nausea, vomiting and sometimes dropsy. It should be borne in mind that slight albuminuria occurring in the course of pregnancy and during fevers, without casts, is not indicative of a true nephritis.

The kidneys should be suspected in every case showing a puffiness of eyelids and face and pallor of skin, whether general prostration of health is apparent or not.

In the chronic parenchymatous form the onset is gradual and insiduous and the affection is seldom recognized until the appearance of dropsy, beginning in the face and feet and gradually extending over the entire body, though in some cases this is a late symptom.

The patient is pale, debilitated, suffering from cardiac palpitation, dyspnoea, vomiting and digestive disturbances, headache, vertigo and impaired vision. The urine is scanty and highly colored, with a low specific gravity, and is highly albuminous, and in the later stages all the uremic symptoms appear.

In the chronic interstitial form the symptoms may remain latent for a number of years and may not become evident until late in life. I wish to lay special stress on this form of kidney trouble owing to the treacherous and misleading course it may pursue.

The amyloid variety differs from the other forms in being always associated with suppurating or wasting diseases.

The treatment of the acute varieties consists of rest in bed, plenty of pure water to drink, calomel purgation and a milk diet. Active diuretics should not be used unless uremic symptoms should develop or dropsy should appear.

In the chronic form we seldom expect to cure the kidney lesion and can only hope to improve the condition of the organ. Diet and drink are the most important considerations. Hot skimmed milk is a favorite, but Hare considers this unwise, as it deprives the patient of the nutritive fats which he needs and which are not contraindicated.

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*HONESTY.

G. M. SHAW M.D.,

ROBINSONVILLE.

The subject of honesty being such a vast and unlimited one, I will not treat of the more common varieties, but will confine my paper to the rarer kind known as the professional honesty. And in order that an intelligent idea may be had of it, it is well to briefly review your honesty to the profession. The first law of honesty and the only law is "to thine own self be true and it follows as the night the day, thou canst be false to no man". The motives are so high and the aims so pure in the real profession that its title should be a synonym of honesty. There is no calling, that of the ministry not excepted, which enters more intimately into the lives of men than that of the family physician who is honest. The title bestowed on you when you graduated meant honesty, and have you been true?

* Read before the Clarksdale and Six Counties Medical Society.

Can you stand over the sacred trusts which are placed in your keeping in all honesty? Have you kept inviolate as your life and honor all confidences entrusted to you honestly? If not, to these obligations you are a criminal in the sight of God; a criminal unpunished by the laws; but retribution will follow thick and fast, and, like the murderer, you will be alone and despised by honest people. So it stands us in hand to equip ourselves with honesty, dignity and virtue, so in the dark hours when the pall of gloom and dread hangs over the family circle, we are its joy and sunshine, the trusted friend. You are the highest member of the household because of honesty of purpose. We are co-workers with one another in the great cause of suffering humanity. The chain that binds us is very sacred, so we must avoid bickerings and jealousy and never let the night be too dark or the day too drear to help our brother in distress, for that hour comes to us all. Let us be guided by honesty. We have a code of ethics. I want to ask if we practice honesty in it. The American Medical Association gives us the code, but I am sorry to say that some of the members of the profession fail to interpret aright or are not practicing honesty. Every person entering the profession should strive to build up and exalt its standing. He should not boast of his cures and operations; he should render professional services to his brother physician, but in an honest spirit. In consultation professional ethics should be honestly and rigidly observed; unless they are there will not be much friendship, because there is not honesty of heart.

There is charity service in the work. I say do it at all times, but be honest in it and do not do it to advertise yourself, as it will cost you more than you gain, but if you practice honesty it is gain for you.

Now it comes to the fee bill. Are you going to be honest about that? I certainly hope so, for how can I charge five dollars for an examination for an insurance company where my neighbor or a foreigner charges three, when we have agreed on five, to come from the company? I would say there is very little honesty in that. Or what are we to do when a member of the profession comes along and wants to get practice and to get it finds the regular charge is three dollars and he agrees to do the practice for two dollars and fifty cents and gives twenty per cent. discount to the man who collects it for him? It is frequently done and now I ask what is the best way to get those men to act honestly? I wish every doctor were honest in all things. I say let us try harder every day all we know to get the profession together on the honesty question,

as it is not a mercenary work but one of honor and pride and unless we practice honesty in its simplicity we can never hope to raise our standard very high.

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*CONSERVATIVE USE OF FORCEPS: INDICATIONS AND CONTRA-INDICATIONS.

J. A. ROWAN M.D.,

WESSON.

Instead of attempting to prepare a paper on the "Use Of Forceps", as was first assigned to me by the program committee, I have, with the consent of the committee, modified the subject and substituted the above title. I did it on account of the magnitude of the original subject, feeling that owing to the limited time in which I had to prepare a paper I could not possibly do justice to the occasion; and had I had the time and the ability to get up a paper, I felt that it would be consuming too much time of the society, thereby taxing your patience. I believe, too, it is our policy not to get up lengthy papers, but just long enough to fairly introduce a subject so that it may be freely discussed.

Why I desire to base my remarks upon the conservative use of forceps is because there exists, as you all know, two extreme views in regard to their use.

One of these extreme views is championed by the physician who, for convenience, we will designate "Dr. Lookwise", and the other by "Dr. Smart Alec".

Now as to the former, whom I am sure many of you have met, when he receives a solicitation to attend an obstetrical case, in post-haste he hies himself to the patient's home, there to abide indefinitely, to give nature a chance to take its course. He is ready to agree with the suggestions of every old woman who may come along, and they are always there in numbers.

If upon his arrival he finds that labor has fairly begun, he takes his place at the patient's bedside, there with the intention of remaining until the woman has been delivered according to the laws of nature.

It may be that labor proceeds normally and the woman is soon delivered and all is well; but perhaps from some cause or another labor may be protracted and all is not well. The friends become solicitous and they appeal to the doctor to

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

know the conditions and why the woman does not get through, but fail to get the information sought, and instead Dr. Lookwise tells them that things are going a little slow, but by giving the necessary time nature will bring things around all right.

We all know that the works of nature are wonderful, but sometimes conditions are such that it is impossible for nature to overcome the obstacles that exist; this being the case, are we to sit idly by and see perhaps either the mother or child, or both, perish from a protracted labor?

If it should not be quite so bad as death, is it even right to allow a condition of things to go so long that the health of the mother would in all probability be impaired for life or she be delivered of a weak-minded or deformed offspring?

Now as Dr. Lookwise is adverse to the use of forceps but prefers to let nature take its course, these things often occur. And what excuse does the doctor give? Why he consoles his narrow conscience by asserting that all had been done that could be done and if the patient dies he says that it was the "Lord's will" that it should be that way; he also gets comfort from the good old sisters, who say, "yes, 'Doc', we know that you did all that any mortal doctor could have done and all the doctors in the land could not have saved her, and when a person's time comes to die they are going to die", thereby placing the blame on the Lord for the ignorant mistakes that the doctor has made. The scene is closed and they go on and wait for the next one. But things would have been altogether different had the patient been in the hands of an intelligent obstetrician who would have resorted to the use of forceps and who, instead of blaming the Lord for mistakes that He is not guilty of, thanks Him for the skill that He has given him.

Now the other extreme, Dr. "Smart Alec", has had luck in his favor in the use of forceps in a few cases and from this luck has erroneously conceived the idea that he is an expert with them; in fact he thinks he is a "cracker jack" at the business, thereby becoming over-zealous and at times, I fear, using the forceps for ostentatious purpose, or to secure an additional fee, or perhaps to save time for himself.

Now I feel sure that in many instances where the method of instrumental delivery is resorted to, if reasonable time were allowed, with judicious management, it would not be necessary to resort to such measures.

It is the duty of the physician to always look to the interest of his patient above everything else, and the thought of achieving notoriety, pecuniary compensations, the saving of time to himself, should never be thought of in comparison to

the welfare of the woman, who at such a critical time places her life in his hands and relies implicitly upon his integrity and skill. So much for the two extremes.

Now as to the conservative use of forceps I am a great advocate and, when the indications for their use arises, believe that the physician should always be equal to the emergency.

Among the chief indications are the following: first, of all things, the obstetrician should be thoroughly satisfied in his mind that the woman is unable by her own expulsive forces to overcome such obstacles to a safe delivery as may exist in a reasonable time. Second, any cause that may exist which requires that delivery should be accomplished rapidly, namely where the conditions indicate that the life of the mother or the child is threatened.

Among the chief dangers to the mother suggesting the use of forceps I will enumerate: elampsia, threatened eclampsia, heart lesion with deficient compensation, hemorrhage from premature separation of the placenta, acute oedema of the lungs, and exhaustion.

Now as to the last named condition, the physician must be entirely his own judge, and must not allow himself to be influenced by the complaints of the patient, as we all know that they often express themselves as being completely exhausted when in fact they have strength enough to deliver three or four babies. The best guide for the physician in directing him to the condition of exhaustion is a very feeble pulse.

As to the child we should consider the forceps where there exists premature separation of the placenta, where there is prolapse of the umbilical cord if we are unable to replace it, provided the child is still living, where there is undue pressure on the head and especially where changes in the rythm of the heart-beat exists. According to some of the best authors, if the heart-beat is below one hundred or above one hundred and sixty per minute it is in imminent danger and will soon perish if not delivered.

The obstetrician may consider it a good plan to apply forceps in uncomplicated cases after two to four hours of satisfactory pains if advance does not occur, or if there is lack of power in the abdominal or uterine muscles, or should contraction be inferior or insufficient, if the head fails to recede after repeated contractions of the uterus, as the failure of the head to recede after contraction shows that it in all probability is making undue pressure on the soft parts.

Contraindications: The forceps should not be applied to a

hydrocephalic head, a decomposing foetus nor upon a perforated head.

If applied to the hydrocephalic head or to one that is decomposing the operator will more than likely be unsuccessful, as they are almost sure to slip and the risk to the mother is too great to justify it. The perforated head can be managed better with a cephalotribe.

Forceps should not be applied until the os is fully dilated, and free from rigidity and easily dilatable, as to bring the head through the os with forceps before the rigidity has been thoroughly overcome is sure to cause severe laceration of the cervix. I regard it as always better to complete the dilatation with the hand before attempting to introduce the forceps.

If the membranes have not been ruptured, the forceps should not be applied, as the chances are good for them to be held tightly, thereby causing placental detachment.

It is always well to ascertain definitely before applying the forceps that the pelvic canal is not too small and that there are no mechanical obstructions that would prevent the delivery of the child without extreme force.

Forceps should not be applied until the presenting part, head or breech, has become engaged.

Mississippi State Medical Association.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Last spring, at the Natchez meeting of the Association, there was some comment and even a little hard feeling over the decision of the secretary that he would not register as a member anyone whose name did not appear on the report of the secretary of his county society. It even happened that one of the councilors was refused registration as a member for this reason, his secretary's report not having been sent, although the gentleman in question had paid his dues and was blameless. The secretary asked a ruling from the Council on this point and it is to be found in the report of the Council to the House of Delegates as follows: "The Council commends Dr. Howard for his attitude upon this question, but instructs him that for this present meeting of the Association such members and delegates be registered and given the privileges of this meeting even though their county secretaries have failed to send in their reports. It further instructs him that in the future no members or delegates be seated unless their names have been duly reported by their county secretaries, or unless they present to him a receipt for membership dues duly signed by their county secretaries. Members so seated shall have all the privileges of the meeting but shall not be entitled to a copy of the *Transactions* until their membership dues shall have been received by the secretary of this Association."

In anticipation of the failure of some of the county secretaries to send in their reports on time, the secretary has supplied blanks for receipts for Association dues to all the county secretaries, these to serve as vouchers of membership at the Jackson meeting. In the event that the report from a county is sent in on time, ten days in advance of the annual session as the law directs, the members from that county need not bother themselves about the individual receipts, but should the report not be sent in they will not be permitted to register without them.

For some years it has been the custom to register all

physicians who attended the meeting and who were not members, as guests. This was begun in 1904, the first meeting at which the Association was operating under the new law, and was done in order that some of the former members, in whose counties societies had not been organized, should not be debarred from attending. The act was unconstitutional but was not questioned, for all felt the merit of it. But there was no reason why such a thing should have been continued, and although several Mississippians were registered as guests at Natchez last year it was permitted simply because it was not thought advisable to draw the line too sharply in matters of registration all at once.

This year, at Jackson, the line will be drawn. The only way for a physician living in Mississippi to register will be by proving his membership. The chairman of the council has given this interpretation of the law and the receipts that are to serve as proofs of membership in the absence of reports from the counties are in the hands of the county secretaries. It will be the fault of the members alone if they are refused registration.

The reason for taking this stand is that some of the physicians of the state have been sponging on the Association. Where a man comes up one time it is not so flagrant a breach of the decencies, but it has happened in the past that men have come to meeting year after year and never paid dues. They were chronic guests. This is a bad habit and the officers of the Association propose to break them of it.

History Of The Mississippi State Medical Association.

(*Continued from January number*)

Medical organization was by no means at a premium in these early days. The proceedings for the next three years are only recorded, in a very vague way, in the memory of a few of the older members. Meetings were held, but little was accomplished. The membership was small and only the faithful few who attended regularly seemed to be at all interested. This lack of interest was so evident that in 1874 not only did the programme fall rather flat, most of the essayists being conspicuous by their absence, but the finances were in such bad

shape that a committee was appointed to ask an appropriation of three hundred dollars per annum from the legislature to defray the cost of publishing the *Transactions*. It seems rather a remarkable argument in favor of the statement, so often made, that "history repeats itself" that at this meeting was adopted a resolution demanding a five dollar fee for insurance examinations.

1877. In 1877 the Association met at Grenada. As the first definite, authentic record of the efforts made by the Association in matters of public health, the report* of the executive committee on this occasion is interesting: "After consultation * * it was decided to apply to the Legislature for the passage of an act to establish a State Board of Health. Accordingly a bill * * was presented at the last session of the Legislature, which, after being completely emasculated and radically altered, was passed, a copy of which, as passed, is herewith presented. It is needless to say that, in its present form, the law is worthless to the State * * . The present law should be regarded merely as a permissive act * * your committee believe it may be made available in ultimately accomplishing the objects sought. * * It may be fairly presumed that the law will be amended and made effective whenever its capacities and benefits shall be demonstrated and fully appreciated." The committee also urged the presentation to the Legislature of a registration act, providing laws for the collection of vital statistics, and advised against the introduction of any bill regulating the practice of medicine.

For the purpose of benefitting the work of the Association itself and increasing its membership, the committee suggested an organization, with county and local societies as integral parts, similar to that effected in 1903, but no definite plan was suggested and no action taken.

At this meeting there were selected as members of the first Board of Health of Mississippi, created by the Act above commented: 1st. Congressional District, J. M. Taylor and A. G. Smythe; 2nd., T. D. Isom and John Wright; 3rd., E. W. Hughes and S. V. D. Hill; 4th., C. B. Galloway and P. J. McCormick; 5th., Robt. Kells and C. A. Rice; 6th., R. G. Wharton and P. F. Whitehead.

1878. The State Board of Health, thus formed, must, in spite of the criticisms on its powers by the executive committee, have found some work to do, for we find in the minutes of the 1878 meeting, which was held in Jackson, a

**Transactions*, 1877.

resolution appropriating twenty-five dollars to pay for some copies of its "First Annual Report" for distribution among the members.

1879. The Aberdeen meeting in 1879 must have been an occasion of sorrow for those who attended. Some twenty members, nearly ten per cent. of the total membership, had fallen in the great yellow fever epidemic of 1878 and the first day of the meeting of the Association was set apart for memorial exercises. Music for the occasion was furnished by the Aberdeen Harmony Club, there was a prayer by Bishop Paine, a lesson read from the Scripture by Rev. V. W. Shields, a memorial address by Rev. Dr. B. M. Palmer of New Orleans, memorial poems by Dr. J. Dickson Bruns of New Orleans and Major S. A. Jonas of Aberdeen, a memorial oration by Dr. Jno. Brownrigg of Columbus, the report of the committee on necrology by Dr. A. G. Smythe of Baldwyn and special tributes to deceased members by various of their fellows, the exercises concluding with benediction by Rev. Jno. H. Scruggs.

The Congress of the United States was invoked in behalf of a more efficient quarantine system and an application was made to the Legislature of the state for an Act incorporating the Association.

(*To be continued*)

Association Presidents.

W. JOHNSTON, Jackson.

President 1882-3.

Wirt Johnston, descended from the Johnstons of Annandale, Scotland, was born in 1845 at Raymond, Miss., and died at Jackson in January 1900, of pneumonia. Dr. Johnston attended one course of lectures in New Orleans and graduated in Philadelphia. He practiced first at Tchula and later moved to Jackson. November 27th. 1876 he married Miss Mary Barrows of Jackson. He was for a number of years secretary of the State Board of Health and was well known for his sanitary and quarantine work.

Capt. Frank Johnston.

D. L. PHARES, Madison Station.

President 1884-5.

D. L. Phares, the youngest son of William Phares of Virginia and Elizabeth Starnes of North Carolina, was born in West Feliciana Parish, La., January 14th. 1817. He took his academic degree from Louisiana State College in 1837 and graduated from the medical department of the Louisiana State College in 1839, receiving an election to the faculty of his alma mater the day of his graduation. This position he, however, refused and returned to his home in West Feliciana, from whence he shortly after removed to Wilkinson County, Miss., where he practiced until 1880 when he accepted the chair of biology in the A. & M. College at Starkville. In 1889 he resigned his professorship and moved to Madison Station, Miss., where he died Sept. 19th. 1892.

Dr. Phares was twice married: in the summer of 1836, during his college vacation, to Miss Mary Nesmith of Amite County, who died in 1876, and in 1881 to Miss Laura Duquercron of Starkville. Three sons and five daughters were borne him by his first wife and two sons, who died in infancy, by the second.

Dr. Phares was the founder of Newton College, which was ruined by the civil war, and one of the leading spirits in the movement to originate the A. & M. From 1840 to 1845 he was an active figure in state politics and was the originator of the common school system as adopted by this state. In 1878, by request of the medical association, he prepared a report on the medical plants of the state, which article contained descriptions of some seven hundred varieties. He it was who first observed the medical properties of gelsemium and viburnum prunifolium.

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J. B. GRESHAM, West Point.

President 1885-6.

Joel Barnett Gresham was born in Oglethorpe County, Ga., Sept. 2nd. 1824 of colonial ancestry, his parental grandfather having been a colonel, and his maternal a captain, in the revolutionary army.

He received his academic training at Russellville College, Kentucky, and was graduated from the Medical College of Charleston, S. C., in 1845.

During the war between the states Dr. Gresham served

chiefly as a post surgeon, being at Macon, Brandon, Enterprise and Meridian, and saw six weeks service in the field. He supported from his private purse the families of twelve Confederate soldiers during the war and at its beginning equipped with suitable mounts twelve Confederate cavalrymen. For some years, at the expense of about one thousand dollars annually, he maintained a school for children of Confederate soldiers.

Dr. Gresham may indeed claim the title of veteran in the profession, having been in active service nearly fifty years. For twenty of these Noxubee County, Miss., and Pickens County, Ala., were the scenes of his labors. He represented the Democratic party in the Alabama state legislature in 1872-3. He then went to Columbus for a year and from there to West Point, where after twenty-five years' active work as a general practitioner he retired, to rest on his well-earned laurels. He still lives at West Point.

His first marriage was in 1848, to Miss Rebecca Tutle of Lowndes County; his second, in 1874, to Miss Lavinia Gardner of Alabama. One child, by the first wife, is still living.

Personal Notes 1908.

County Secretaries.

There will be held during the next meeting of the State Association, at Jackson in April, a meeting of the secretaries of county societies, to discuss methods and formulate plans for the furtherance of medical organization in Mississippi. The exact date and place of meeting has not yet been decided but ample notice will be given and it is earnestly hoped that all county secretaries will bear in mind and make their plans so that they can be in Jackson on that day. In order to facilitate work a short program has been arranged and some of the secretaries invited to open discussions, though of course it is expected that all present will take part.

To date the program is as follows:

"How to increase the membership of the county society"..

.....Dye of Clarksdale and Six Counties

"How to fill a program for a county meeting"

.....McKinnon of Forrest and Weissinger of DeSoto

"How to increase the attendance at county meetings".....

.....Jones of Tri-County (P.-L.-C.) and West of Harrison

"How to induce the members to live up to the insurance resolutions.....Howard of Washington

The secretary is so essential and important a feature of county society life that anything he may learn to enable him to better himself in the performance of his duties cannot fail to reflect benefit on his society and it is hoped that the meeting will be a full one. The different societies should see to it that their secretaries attend and, in order to insure their attendance, should appropriate a sum sufficent to defray their expenses, since the societies will be the gainers by their being present.

The secretary of the State Association will make the necessary arrangements for the meeting and notify the county secretaries of the place and date appointed, and he will be glad to hear and consider any suggestions that may be offered regarding any feature of the meeting.

Society Proceedings.

Choctaw County Medical Society met in Ackerman, January 11th., with the following members present: Joe Kellum, R. K. Prewitt, A. E. Reed, J. D. Weeks, W. C. Linch, T. M. Holloway, A. R. Nason and W. J. Robinson. On motion the society went into the election of officers for 1909, with the following results: T. M. Holloway, president; W. C. Linch, vice-president; A. R. Nason, secretary-treasurer; A. R. Nason, G. L. Terrell and Benj. Strong, censors; J. D. Weeks, delegate. The application of Dr. W. D. Arnold was received and after a ballot he was declared elected, making every eligible active physician in the county a member of the county society.

Forrest County Medical Society held a regular weekly meeting January 7th., at 8 o'clock P. M., President Stevens in the chair. After the minutes of the previous meeting were read and approved, Dr. J. J. Stevens delivered, in a very able manner, his farewell address, after which he, in a very complimentary manner, relinquished the chair to his successor, Dr. L. W. Bayne, who then delivered in his unique and characteristic manner his address of acceptance. By request of his successor, Dr. H. L. McKinnon, Dr. S. Lewis Knight concluded the minutes of the session. Dr. Stevens' address was highly interesting, instructive and timely, dealing principally with the status of optometry in some of the states, especially Massa-

chusetts, in which he emphasized very clearly that the optometry bill is not a thing to be desired by either the medical profession or the laity, and that we should not allow such a measure to become legalized. He produced an abundance of medical literature to support his views. In Dr. Bayne's address was outlined the policy of his administration, which was favorably received by all present. He especially recommended the continuance of the post-graduate course, and all members present, with one exception, joined in his recommendation, all pledging themselves to make the year 1909 a banner year in this work. The resignation of Dr. P. A. Carter as delegate to the State Association was read by the secretary and accepted, Dr. J. D. Donald being elected to fill the vacancy, with Dr. R. B. Stapleton alternate. The transfer card of Dr. Fern Champenois was presented and he was duly elected to membership in the society. Dr. J. D. Donald emphasized the fact that the society should always be alert and doing in order to prevent the passage of the proposed optometry bill now pending. President Bayne appointed the committee on public health and legislation, as follows: J. J. Stevens, chairman; W. W. Crawford and R. B. Stapleton.

Harrison County Medical Society met at the Commercial Club rooms, Gulfport, January 12th. Those present were Drs. LeBaron, Parker, Folkes, Mohler, West, Cox, Hood and Rowan. Dr. Parker stated that he thought Dr. Capps intended to examine for the New York Life Insurance Company until his contract expired. After some discussion, Drs. LeBaron, Sheely and West were instructed to see Dr. Capps and get him to sever his connection with the company within sixty days. Dr. LeBaron stated that the Prudential had attempted to pay him three dollars for some examinations which he had made for them. He declined the three dollar fee and put in a claim for five dollars. It was remarked that the Louisiana National was accustomed to send three dollar fees, which were increased to five dollars whenever a demand was made for five dollars. As it is persistently stated by agents and others that Dr. Hunter of Jackson is still examiner for the New York Life, which pays a three dollar fee, letters were written to E. F. Howard of Vicksburg and to J. D. Miller of Jackson, making inquiries. Dr. Howard's letter of reply was read, stating that he knew nothing of the matter. Dr. Miller's reply was then read. It seemed to indicate that some of the Hinds County members were examining for less than a five dollar fee, though he did not make such a statement outright. He also intimated

that the Harrison County Medical Society had better attend to its own business and not criticise members of other societies. A resolution was offered by Dr. Folkes, "That a five dollar insurance examination fee be one of the prerequisites for membership and that all members refuse to consult with anyone violating this rule, and that our delegate be instructed to vote for this resolution at the State Medical Association meeting"; this was unanimously passed. Dr. LeBaron reported a case of mercurial poisoning from an intrauterine douche of one to four thousand bichloride solution, severe ptyalism following. Dr. Rowan reported a case of tumor under the clavicle, the diagnosis of which puzzled him. The committee on drug habits was given extended time. Committee on sending communications to commercial union reported. The committee on banquet made partial report and was continued. Dr. Folkes moved that the society memorialize the county board of supervisors to complete repairs on the beach road as ordered by them over a year ago.

Marshall County Medical Society held a meeting and banquet at Holly Springs January 12th. Two new members were received and the following officers were elected for 1909: J. W. Vaughan, president; T. A. Moore, vice-president; W. C. Elliott, secretary-treasurer; F. P. Boatner, delegate; R. A. Seale, alternate.

Monroe County Medical Society met in regular session at Aberdeen December 8th. 1908 for election of officers. A motion prevailed instructing the secretary to write to the secretaries of Chickasaw and Lee counties, respectively, for the purpose of effecting the organization of a tri-county society. Itawamba county, not being in a state of organization, the physicians of that good county, who so desire, may join the tri-county society, and the secretary was instructed to write Dr. Woody M. Reed, health officer and one of the county's leading practitioners, in regard to our purpose. On motion Dr. Reed was accepted to membership in the Monroe County Medical Society, his application and necessary fee being given in by Dr. Bryan. The officers chosen for 1909 are: J. C. Gathings, president; Geo. Tubb, vice-president; Felix Underwood, secretary-treasurer; L. C. Feemster, delegate. The next meeting will be held Feb. 9th. 1909.

Washington County Medical Society has elected E. F. Turner of Leland president and M. O. Shivers of Greenville secretary.

Book Reviews.

PRINCIPLES AND PRACTICE OF PHYSICAL DIAGNOSIS. By John C. DaCosta, Jr. M.D., Associate in Clinical Medicine, Jefferson Medical College, Philadelphia. Octavo of 548 pages, 212 illustrations. Philadelphia and London. W. B. Saunders Company, 1908. Cloth $3.50 net.

This latest addition to the numerous manuals on the subject will rank high, and although somewhat bulky for the student of medicine is one that will repay intelligent study. The topics treated are covered very fully and are up-to-date. Under the head of methods and technic of physical examination, the article on sphygmomanetry is especially complete and affords the latest knowledge on this method of studying the pulse pressure. The illustrations are very numerous and interesting; indeed, we may seem old fogies, but there is in this work too much of the female form divine, without even the traditional fig leaf. Probably the interests of science would have been served just as well without half tones of engaging young houris with seductive smiles posing in the altogether for "the common ausculatory site of pleural friction", or reposing contentedly on a bear skin, in the costume of Mother Eve with the pectoral region tatooed to show "the comparative intensity of vocal fremitus, etc. Indeed, in this respect, it might be entitled a study of the nude in medicine, but "other times, other illustrations".

MYERS.

PRACTICAL POINTS IN ANESTHESIA. By Frederic-Emil Neef, B.S., B.L., M.D., New York. Price Semi-DeLuxe-Cloth 60 cents, post paid. Library De Luxe Ooze flexible leather $1.50 post paid. Surgery Publishing Co., 92 William St., New York.

There are some points brought out by this very practical little monograph that the reviewer has not seen elsewhere and that strike him as being particularly apt. The book is well worth reading.

GONORRHŒA IN WOMEN. By Palmer Findley M.D., Professor of Gynecology in the College of Medicine of the University of Nebraska, Omaha; Gynecologist to the Clarkson Memorial Hospital, etc. C. V. Mosby Medical Book Co., St. Louis, Mo.

Since the awakening of the medical profession to the seriousness of gonorrhea in women, much has been taught and more written to impress physicians with the importance of prophylaxis and of the early and thorough treatment of this disease. Dr. Findley has crystallized these teachings in an exceedingly creditable monograph that should be of real benefit to the profession.

HOWARD.

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ADDRESS BEFORE THE FORREST COUNTY MEDICAL SOCIETY.

J. J. STEVENS M.D.,

HATTIESBURG.

Let us to-night retrospect and inspect our standing as members of a great organization. Locally we have the best. Our Hattiesburg doctors are an honor to themselves and their fraternity. We should feel flattered to know that our own citizens and neighbors, and even our state, feel this fact.

Personally, we know that we have not done all we should in 1908, but we have done much. We enjoyed Dr. McCormack's visit. We feel flattered that we adopted the post-graduate work, and we now feel sure we got some good from it. We must keep it going. We will do so. Our society has been honored by its membership, holding official places in our state association and remembered politically. All we need to do is to keep pushing.

We have much to do, not only to help ourselves, our local society and our state association, but as good citizens, specially equipped with special knowledge, we will not prove our civic pride, or show our civic righteousness, if we do not insist on needed legislation—municipal and state, and on the enforcement of sanitary laws that we specially should be interested in.

We, as doctors who are called upon to master the principles underlying all specialties, often lose money and prestige, and do our clients an injustice by not keeping abreast of the necessities of people and preventing them from spending their money with incompetent and untrained "specialists", men who encroach upon our borders and steal our rights.

As practitioners, we are all familiar with the evolution in medicine as applied to drugs. The drug age has gone through evolutionary stages from poly-pharmacy to special medication, and in the battlefield the general practitioner has been in mortal combat with the commercial world, from the "Indian herb" fakir to the colossal giants of finance, who through printer's ink and vicious legislation have doped the people and

filled their coffers with blood money, at the expense of an ignorant public.

Then when the A. M. A. and an intelligent laity exposed so-called patent medicines, and Uncle Sam puts on a restraining hand and exposure forces a revolution in patents and even in proprietary stuff and fakes are denied the U. S. mail, we doctors find the field of the specialist open to all kinds of fraud and all kinds of illegal practitioners, operating under all kinds of titles.

We all know the fight that has been waged by the Christian scientists and the osteopaths, and how they invoke the strong arm of the law to impose on the public and how successful they render their most deadly weapon, insinuation, against the profession of medicine and how they convince the average legislature that they have rights and are entitled to special laws; also do we realize the apathy and indifference of doctors to these fellows who have the brass and gall to ask for legislation and get it, and who, under the law, proceed to practice medicine in direct competition with these same doctors, who after spending their money to practice medicine are entirely satisfied to sit down in their offices and act as reference bureaus, directing this woman to the gynecologist; this man to the G. U. charlatan and this child to the orthopedist, and, God save the mark, all our clients to the "optical specialist", the optometrist, the Oph. D. with a big "D"—the doctor (?) of ophthalmology, who gets state legislatures to authorize his sticking out a winking and blinking sign that catches the otherwise intelligent public and the ignorant doctor, and who sits in an office with a six weeks diploma and patent leather shoes and twenty-five cent eye glasses that he charges a five dollar consultation fee for, while the honest doctor rides five miles in the cold to book five dollars for ordinary old-fashioned belly-ache.

Gentlemen, please read in *J. A. M. A.*, November 28th. 1908, an instructive article on "Ophthalmology For General Practitioners" and ask yourselves the very pertinent question: why do not students of medicine get a knowledge of refractive errors and optical work? Why do not general practitioners treat all diseases of the external eye? Any doctor who will read a work like Theobold's for general practioners will at least be able to give the necessary attention to all external diseases of the eye and to intelligently diagnose such internal cases as may need reference to a good oculist.

And now, since the "optometrist" is busy in Hattiesburg and even publicly making unreasonable claims and will, no doubt, ask again from our state legislature special legislation, I will ask you to carefully read:

1. What the secretaries of our state health boards say about them.

2. The mass circular, issued by the opticians of Massachusetts, which helped to defeat their bill in the Massachusetts legislature.

3. Articles by Dr. J. C. Bossidy, in Boston *Medical and Surgical Journal,* Dec. 26th. 1907, Jan. 16th. 1908, Feb. 13th. 1908, *Texas State Journal,* Nov. 1908, *Medical Record,* Feb. 1908.

After reading these, then decide if we, as members of a splendid fraternity, should not see that our state legislature gives these matters due consideration and does not railroad them through without even knowing their serious injuries.

And now let us fully realize that we are living in an age when, as physicians, medicine is a small part of our armamentarium. Do we not lose prestige by not knowing mechanotherapy, electrotherapy? Yes, but as physicians, let us follow a noble leader, Osler, who says repeatedly that diagnosis is our foundation stone, the talismanic key that unlocks the storehouse of knowledge. "Diagnosis to the worker in the pathological laboratory is an end in itself," says he, but to the clinician it is a means to an end—the treatment of the sick man.

And he advises that the microscope should precede the inhalation outfit or the static machine, but that as we can, let us use them all.

And now I thank you all for having been honored as your president, and congratulate you on your choice for this office for 1909. For many years I have tried him and I can say to you to-night that he is worthy and well qualified. For the good of our interests I could make many suggestions; financially we could improve our methods of collecting accounts; we could either hire a collector or inaugurate a dead-beat list; we could increase our usefulness as citizens by public lectures; we will enhance the value of our services if we study our postgraduate work and we will all increase our brotherly love if we will observe strictly the ethics of our profession.

NOTICE.

Remember the place and the date:—Jackson, April 13th., 14th. and 15th. The meeting will be the largest in many years and the advance notices and reports from the section chairmen promise a program of unusual interest. There will be much business, too, for the delegates and matters of great importance for their consideration.

*DIPHTHERIA.

A. J. JAGOE M.D.,
CLARKSDALE.

Diphtheria—diphthera, a skin—is now said by all to be a consequence of the presence of the Klebs-Loeffler bacillus. In very many instances the presence of this bacillus is demonstrated unaccompanied by any symptom of the disease, but whenever diphtheria is present, there also can the Klebs-Loeffler bacillus be demonstrated.

The question of the point of invasion is still an open one, many asserting that the pharynx and tonsils are always the points of invasion, while others say that the primary seat in many cases is the lung, those other points being secondarily invaded. Again it is stated that the diagnosis of septic diphtheria is made from finding the Klebs-Loeffler bacillus in union with streptococci and also that the invasion by the Klebs-Loeffler bacillus prepares the ground for the coming of other cocci.

Tolleman states that the diphtheria bacilli are distributed more widely in the system than is generally thought and instances that in forty-nine autopsies after diphtheria he obtained cultures twelve times from the heart blood, eighteen times from the heart muscle, nineteen times from the spinal cord, three from the cerebrum, thirty-one from the lungs, once from the liver and seventeen times from the spleen. The spinal fluid and the kidney were always negative. This would seem to point to the lung as the gateway of infection.

I need not describe to you the character of the diphtheria membrane. It is known to all, but I must observe that the exudation of the larynx, not having the muscular pabulum to feed on that it has in other situations, will not be in exactly the same form, although you may, and frequently will, demonstrate the Klebs-Loeffler bacillus in cultures made therefrom; hence we must say that at least these cases of laryngeal croup are diphtheritic.

A subject whom you might term non-susceptible, infected with virulent diphtheria bacilli, will show few of the signs of the disease. He will, however, transmit the same to a non-immune subject. This has been abundantly shown by recent investigation. Like those "walking cases" in other troubles, they are more dangerous to a community than more serious

*Read before the Clarksdale and Six Counties Medical Society.

ones safe in bed; therefore, however slight the form, all such cases should be reported and attended to.

In diphtheria, as in most other asthenizing diseases, some of our prescriptions should be directed to the kitchen. Milk, diluted with oatmeal, barley or rice water, is better retained than pure milk. If the child is old enough, say past infancy, the yolk of a raw egg may be added. Broth made of beef essence, or oyster soup, may be given. Older children may have scraped steak or jelly.

Because of the depressing effect of the diphtheria poison, stimulation should be begun early. Strychnine in about four daily doses, egg-nog, coffee or whatever other stimulant commends itself to you. When temperature is high avoid coal-tar drugs. Small doses of spirits of nitre act well. Calomel in one-eighth to one-quarter grain doses, frequently repeated, is useful.

Keep the nose and throat free from decomposing membrane and catarrhal discharges. A five per cent. solution of potassium permanganate is a good detergent. Lugol's solution of iodine, one-third to one-half strength, applied on absorbent cotton to the exudation has been found a good application.

As important as food or drugs or local applications, is a full and free supply of pure air day and night.

While all that has been mentioned is of assistance to the patient, the last word is to come and that is antitoxin. What mercury is to syphilis, what arsenic and quinine are to malaria, the *sine qua non* antitoxin is to diphtheria.

The statistics of its beneficent effects in the last twelve or fourteen years in lessening the mortality from diphtheria are as well known to you as to me, more likely better, so we will dispense with their exhibition here.

The dose of antitoxin depends on the severity of the case; for a child under five years fifteen hundred units and if there be no effect in twelve hours, repeat. A child five to ten years should have two thousand units with like repetition. Where there is marked general depression and much exudation, commence with a three thousand unit dose and where for the first time you see a case four or five days old, give a four-thousand-unit dose on general principles. This of course has sometimes a surprisingly good effect and the general experience is that no harm results from any dose.

The diphtheria convalescent is a weak subject and needs roborant treatment and careful watching for quite a long time. This, if anywhere, is the time and place for iron, quinine and strychnine.

It is well to allow reasonable latitude in the choice of food

and its quantity, yet for some time active exercise should be forbidden.

That there are more fatalities in the convalescent stage now than formerly is to be accounted for by there being more convalescents, thanks to antitoxin, and while they are mostly unavoidable and irremediable they furnish cogent reasons for early and constant supporting and vigilant treatment in this stage.

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*THE OPSONIC INDEX.

WM. KRAUSS M.D.,

MEMPHIS, TENN.

In 1638 Dr. Robert Fludd, an Englishman, advised sputum injections as a cure for tuberculosis. The specific character of "tubercle", so laboriously built up by Baille in 1793, by Bayle in 1803-10, Laennec and others, a little later, was ruthlessly torn down by Virchow, 1847-65, who on anatomical grounds undoubtedly proved that "tuberculization" (resp. caseation) was common to phthisis, syphilis, malignant growths, etc. Villemin (1860-65), by careful experiments, established the fact that tuberculosis was a specific disease, that it may be inoculated from man to rabbits, and is consequently to be classed with small-pox, scarlet fever, syphilis, and, especially, glanders. He held that it is contracted by inoculation, by contagion and by inhalation of germs from the air. Prior to this, Klenke (1843) had produced tuberculosis by inoculation but failing to inoculate crows he decided that his results were not convincing. The epoch-making discovery of Koch, announced on March 14th. 1882, finally disposed of all speculation as to the cause and nature of the disease. On August 4th. 1890, Professor Koch made public his first communication regarding the "new remedial agent for tuberculosis".

This announcement was a tremendous stimulus for research looking to the discovery of specific vaccines for infectious diseases. Beginning with the first publication, December 1890 and up to his final announcement in July 1893, Behring made a series of experiments, based largely upon the work of Roux and Yersin upon the toxicity of filtered cultures of diphtheria bacilli which gave us diphtheria antitoxin. It was Roux's merit to substitute horses for the rabbits as producing animals. It is not necessary to state that the vaccine school of Pasteur was already so well established as to be familiar to

*Read before the Clarksdale and Six Counties Medical Society.

any layman. The work of intermediate observers up to this time is too enormous to even permit a review, except out of the net result that only in the fewest of the infectious diseases do we deal with free and filterable toxin in the processes of infection and immunity. It was necessary to return to the class of vaccines represented by tuberculin, which acts by inducing an active immunity in the patient or person to be protected by reason of the reactive forces brought into play when bacterial matter is injected into the tissues. This is coming back to Jennerization or the employment of vaccines. It gave us Haffkine's prophylactic, for cholera, plague, typhoid, etc. A. E. Wright has been working with vaccines made either from stock cultures of the bacterium in question or from cultures of the same strain the patient was suffering from, i. e., autogenous vaccines. These are sterilized by heat and the number per cubic millimeter estimated by counting in the Thoma Zeiss counting chamber after mixing with blood diluted as for counting. From the number found divided by the number of red corpuscles in the same chamber area, the estimation is made.

Wright, anxious to find a control for his vaccines, so as to more accurately measure and space his doses, took advantage of work done by the Metschnikoff school. Denys and LeClef found that the degree of phagocytosis was dependent upon an effect exerted by the serum; by washing the leucocytes free of the serum and substituting other sera it was found that phagocytosis varied with the serum and not with the source of the leucocytes. They argued that the serum stimulated the leucocytes and hence named the substances responsible for the reaction *stimulins*. It was Wright's merit to disprove this contention by using the technic Leishman had worked out for this purpose, and to show that the effect of the serum was on the bacteria, its specific agent entering into fixed combination with them so that it could not be removed by washing. Phagocytosis would then be displayed by leucocytes from any source. Arguing that as the serum sensitized bacteria for phagocytosis, it acted as a caterer, rendering the bacteria palatable to the phagocytes, he gave us the terms *opsonin* and *opsonic index*. The opsonic index, then is the index of the power of the serum of a person to induce phagocytosis of the bacterium in question. This varies among normals for different bacteria although not in any sense specific. It has been shown beyond question that the increased index produced by the vaccines or suspensions of sterilized bacteria *is* specific and quite different from the normal opsonin which has been used in the defense against the infection. The specific opsonin is not a complement in the sense of Ehrlich

because it is not inactivated by heat, as normal opsonins are. The question still to be decided is, whether the opsonic index bears even an approximate relation to the immunity conferred or to the good accomplished, and this entirely apart from the fact, admitted by Wright and Douglas, that the test, although calling for the highest specialized skill and painstaking labor, is not even approximately accurate.

But if Wright's extraordinarily voluminous work and that of his followers had accomplished nothing further, they have at least yielded the net result of explaining the disastrous results of the injections with the old tuberculin as well as furnished the means of greatly obviating them. The Wright school has succeeded, although not entirely unaided in other fields, in positively re-establishing the tuberculin treatment upon a safe and sound basis. Briefly, the index shows that injections of doses which induce a marked negative phase are highly injurious, since they induce the solution of too much bacterial protoplasm and the consequent overwhelming of the patient with the toxic agents thus set free. This is aggravated by what Wright calls a summation of negative phases or the piling up of toxic effects before the reactive protecting mechanism has built up a surplus of antibodies, by too frequent injections.

Very small doses of the new tuberculin, which contains a maximum of bacterial cell substance and a minimum of toxic proteid, injected at long intervals, have in a few instances produced brilliant results. Such treatment is tedious and requires a great length of time. Steps must often be retraced and consequently only mild early cases that have a long time before them for recovery, and cases of localized tuberculosis without fever and systematic involvement, are suitable ones for treatment.

Metschnikoff's vigorous and untiring defense of his phagocytic theory against the most terrific onslaughts of the humeral pathologists for a quarter of a century had the effect of inducing many of his disciples to limit their immunity research to the leucocytes and consequently to ascribe all the phenomena of infection and immunity to the activity of the leucocytes, a position which is distinctly erroneous. In tuberculosis particularly, the reaction is seen to be at least primarily strictly local and confined to the fixed tissue cells. The absence of leucocytosis in uncomplicated tuberculosis is so striking as to be to some extent diagnostic, and yet, even here, we observe in the sputum cells containing from one to several thousand tubercle bacilli. On the other hand we find in gonorrhoea, for instance, the most exquisite leucocytosis without there being associated with it any apparent success

at defending against or overcoming the infection. One is tempted to conclude that if phagocytosis is not an insignificant incident it has at least only a part, and a late part at that, in the immunizing mechanism. It would seem, therefore, that in the opsonic index we have the graphic reading of only one symptom, as it were, and perhaps not a very important symptom. It must be borne in mind that the opsonic index had its birth in an effort to find something, anything, by which the immunity could be read and measured, regardless of the fact that many eminent workers in the field of immunity did not accord to the leucocytes any place whatever in the mechanism of immunity. Nevertheless, when we study Wright's tables we are forced to admit that with some notable and striking exceptions, to be sure, there is a harmony of progression between the index and the condition of the patient. It may be that the function of the leucocyte, to borrow from Ewing, is an altruistic one—diverting a certain per cent. of the bacteria from the fixed tissue cells by offering themselves as a sacrifice. If the blood contains four billions of phagocytes having an average life expectancy of eight to ten days, they would represent a tissue that can be most easily sacrificed. A further pursuit of this subject along this line would carry us too far afield. I have made a few tentative tests with the Arneth index which is very simple, being only a differential polynuclear count, intended to indicate the proportion of younger and more mature leucocytes, furnishing information as to the probable rate of destruction. The Arneth index invariably rises with the injection and with the aggravation of the symptoms, then gradually sinks. This would seem to be sufficient control as to the safety of further injections and of the dose to be used subsequently. Indeed, since the Arneth index varies differently in each infectious disease, and the severity of the picture in one kind of infection is no criterion in comparison with another disease, and has otherwise very slight diagnostic value, it might here find some real use and application.

I shall here demonstrate to you some opsonic instruments and explain their use. It is important that the leucocytes be not packed too tight in the "cream", else they stick together, and they should not be manipulated the least bit more than can be helped. The best form of smear is what Wright calls the South America Smear, which means that it should have a distinct apex with sloping sides, at which the leucocytes are massed and are least injured by the spreading process. It is best made by smearing with a slide that is narrower than the one to be filmed. In this way the material rapidly lessens toward the end and the cells are readily counted.

Twelve drops of blood are allowed to fall into the blood capsule containing the citrate solution (one per cent. sodium citrate in eighty-five one-hundredths per cent. sodium chloride solution) in such a way as not to touch anything but fall clear into the fluid; this is mixed and without further washing separated in the centrifuge, the supernatant red fluid is poured off and the "cream" is ready for use. In the blood pipet about one-half cubic centimeter of blood is allowed to coagulate in the incubator, the tube is broken, (if serum does not readily separate the tube is first centrifuged) and equal portions of serum, bacterial emulsion and cream are drawn up into the incubating pipet, ejected once on a slide and then drawn up high enough that the point may be sealed. It is then incubated for fifteen minutes at brood temperature and smears made from it, which are stained with blood stain and one hundred cells counted in sets of ten. These must not vary materially. The number of bacteria within the number of leucocytes counted is the unit and marked on the chart a "1". The deficit in the case of the patient is put down in decimals of this. Of course, a control with normal serum accompanies each test.

This case proves absolutely nothing for or against the opsonic index but shows the specific reaction to the vaccine. Of two cases of streptococcic infection treated, one showed marked improvement, a case of sepsis from an infected finger. The other was an advanced puerperal sepsis and did not improve although for a time believed to be better; she died. In neither case, on account of the urgency, could any opsonic tests be made. Several cases of gonococci metastases treated by Rosamond appear to have been much benefited. In this infection, the acute metastases, orchitis, fresh pus tubes and joint infections seem to be doing best. I have under treatment a case of tubercular orchitis with three opsonic readings but I am not at all satisfied with the accuracy of these. In one I could not make any pair of tens agree and some were double of the others. I could not even get any constancy of the normals, of which I only got a chance to try two. As already explained, I consider the tuberculo-opsonic index the least valuable and apparently not pertinent to the success or failure of the treatment. I am glad to see that Wright himself relies on it but very little on account of the frequency of what he calls wild counts. The Arneth index in these cases seems to be more of an index of reaction but nevertheless it appears to be useful. A more extended experience may prove this to be entirely erroneous.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

As the time approaches for the meeting of the State Association, the question of the program becomes the one of paramount importance. Year after year we hear the cry that the members do not do themselves justice in the matter of papers for the meeting and year after year we have the same old feeling of being tired at hearing such comments from men who stand back and criticise and don't do anything to help.

We have a good, brainy lot of doctors in Mississippi. Each year as the editor of this journal becomes more widely acquainted with his professional brethren, he is more and more convinced that Mississippi doctors are at the top of their profession, just as Mississippians are always at the top in every line into which they go. He wishes to go on record as being of the opinion that the meeting at which there is the largest number of Mississippians on the program is the meeting from which he derives the most benefit, and for this reason urges the members to come into line behind the section chairmen and help make the 1909 meeting the best we have yet had. These gentlemen, to whom are entrusted the arrangement of the program, cannot do all the work unassisted and if the members generally do not help out their work is hampered. As we have said on another occasion, while Dr. Jones of Smith's Crossroads may not be thoroughly posted on the opsonic index and may be a bit hazy as to the latest "report of fifteen thousand bibliographies", yet he has a good working knowledge of the practice of his profession and that is what counts, for it is what the patients want and his fellows are doing.

History Of The Mississippi State Medical Association.

(Continued from February number)

At the 1880 meeting, in Vicksburg, the executive com-
1880. mittee reported that it had attempted to secure from the legislature a law not only incorporating the Association but making it the board of examiners and licensing body to regulate the practice of medicine in the state. This proposed law had been introduced in the senate at the previous session of the legislature and referred to its committee on judiciary, in which committee it was allowed to sleep until the session was over. The committee presented a draft of the bill (see *Transactions* 1880) for comment and approval. This report was accepted and the matter left in the hands of the committee, which was by no means idle, for it reintro-
1881. duced the subject the next year, at the 1881 meeting at Winona, urging strongly the need of a medical practice act and requesting the members to bestir themselves and assist in the effort to procure such legislation. That this was not all idle talk is shown by the report of the committee at the Oxford meeting in 1882, which formally pre-
1882. sented the results of its labors in the shape of a medical practice act that had been passed a few months previously by the legislature. On the suggestion of Dr. W. F. Hyer of Marshall county, a member of the executive committee and also of the upper house of the legislature, the proposed charter had been separated from the practice act and a draft of a charter was submitted for approval by the Association, and one of a revised constitution and by-laws, necessitated by the provisions of the charter. The report and drafts were published in full in the Transactions of the meeting in order that they might be fully studied and considered by the members.

At the 1883 meeting, at Meridian, the Association con-
1883. sidered and adopted the proposed charter, constitution and by-laws.

The Association met in West Point in 1884. A com-
1884. mittee on prize essays was appointed and a prize of one hundred and fifty dollars offered for the best original essay, based on "experimental or chemical observations", the contest to be open to members of the Association and the offer to be made annually. There is no record that this prize was ever awarded.

Fifty dollars were contributed from the treasury towards the J. Marion Sims Memorial and two members of the Association were appointed a committee to solicit subscriptions to supplement this donation.

1885. In 1885 the Association went to Greenville, and here we find the Association for the first time interesting itself in hospital matters, a committee being appointed to memorialize the legislature "to appropriate sufficient funds to defray the expense of the Vicksburg hospital."

1886. The 1886 meeting was held in Jackson, which was on this occasion adopted as the permanent home of the Asociation, a resolution being adopted that a two-thirds vote should be necessary to carry it elsewhere. The following year we find the president, in his annual address, advocating

1887. the establishment of a State Medical Library and Museum and a committee appointed to perfect plans for such an establishment, but, like so many of the good suggestions made by the Association, no results were ever achieved. A record of a contribution of fifty dollars towards defraying the expenses of the International Medical Congress made at this meeting shows that the Association could see beyond the borders of its own state and that its members were alive to the benefits of medical meetings.

1888. In the minutes of the 1888 meeting is found a record of an attempt at the prize offered in 1884 for an original essay, but no award was made on account of failure to comply with some of the requirements. An effort was made at this meeting to obtain from the legislature a law preventing undergraduates from practicing.

Association Presidents.

R. S. TOOMBS, Memphis, Tenn.
President 1886-7.

R. Saunders Toombs, son of Geo. H. and Winnie Green Toombs, a descendant of the Toombs family of Georgia and Virginia, was born in Copiah County, Miss., August 12th. 1844, and received his early education in the schools of the county. He was educated in medicine at the Washington University, Baltimore, graduating from that institution in the spring of 1868.

He began the practice of medicine in Richland, Holmes County, in the summer of the same year. At the outbreak of yellow fever in 1878, he removed to Greenville. He was soon elected secretary of the Board of Health, and during the epidemic suffered a severe attack of the fever.

Dr. Toombs has devoted himself to general practice. In 1888 he was appointed surgeon to the Southern and the Yazoo & Mississippi Valley Railroads, and later was selected as district surgeon of the Yazoo & Mississippi Valley road. In 1907 he resigned the practice of his profession at Greenville to accept the chair of Clinical Medicine and Ethics in the College of Physicians and Surgeons of Memphis and to become Registrar of same.

In 1876 he was married to Miss Fannie Ray, of Carrollton, Miss., and has four sons and one daughter, Wm. Ray, Percy W., Robert, Fred and Ruby Starling.

Dr. Toombs was among the early active members of the Mississippi State Medical Association and a valuable contributor to its literature. He was an important factor in securing the present law regulating the practice of medicine in the state. In 1886 he was elected president of the State Medical Association by acclamation, and for seventeen years he served as a member of the State Board of Health.

He has served as first vice-president of the National Association of Railway Surgeons, and in 1906 at Charleston, S. C., was unanimously elected president of the Association of Surgeons of the Southern Railway, and presided over this body at its meeting in Washington, D. C., the year following. In his annual address at this meeting he made valuable suggestions which were later adopted by the management of this company, and the present system of excellence in its surgical department is attributed largely to his suggestions.

Personal Notes 1908.

N. L. GUICE, Meridian.

President 1887-8.

Napoleon Lorenzo Guice, second child of Asa and Clarissa (Higdon) Guice, was born near Fayette in Jefferson County February 2nd. 1836 and was found dead in his office in Meridian August 7th. 1898.

Dr. Guice suffered from some form of hip-joint disease in his early childhood and was a cripple through life. As a result of ill health he never attended public school but was educated by a private tutor. He received his medical degree

from Tulane, graduating in 1861, and practiced in Fayette until 1890, when he went to Natchez for five years before his final move to Meridian. He was health officer in Jefferson County from 1878 until 1890. In 1896 and 1897 and did post-graduate work in New York.

In 1880 Dr. Guice married Miss Florence Pugh and there was one child, Charles, by this marriage. His wife died in 1883, and in 1890 he married Miss Annie Neal of Parkersburg, W. Va. There were no children by the second marriage.

Dr. J. S. Ullman.

Society Proceedings.

East Mississippi Four County Medical Society was organized at Tupelo Tuesday Feb. 9th. Dr. R. M. Sadler of Chickasaw presided and Dr. F. J. Underwood of Nettleton acted as secretary. Lee County was represented by Drs. W. C. Spencer, T. F. Elkin, T. T. Bonner, C. T. Keyes, T. A. Boggan, C. Lauderdale, M. A. Cowden and C. O. Farrar; Monroe by Drs. L. C. Feemster, G. S. Bryan, J. C. Catchings and C. B. McCowan; Chickasaw by the presiding officer, and Dr. G. S. Bryan of Monroe represented Itawamba. Dr. Boggan of Lee put the object of the meeting before the house, namely, the union of the four counties into one society. There was some discussion but no dissent and organization was effected and the following officers chosen: President, L. C. Feemster of Monroe; Vice-Presidents Boggan of Lee, Sadler of Chickasaw, Gathings of Monroe and Reed of Itawamba; Secretary-Treasurer, F. J. Underwood of Monroe. The next meeting will be held at Okolona, March 2nd. at 3 P. M., the arrangements for the session being left to Dr. R. M. Sadler.

Harrison County Medical Society held its annual banquet at the Great Southern Hotel in Gulfport on the night of Feb. 9th. These annual banquets are given for social reasons, mostly to promote a feeling of fellowship among the medical men. As the doctors gathered around the festive board they laid aside for a time their cares and responsibilities, and proceeded to obey the injunctions of Holy Writ, "eat, drink and be merry", regardless of what the morrow may bring forth.

Dr. Folkes of Biloxi acted as toastmaster and numerous responses were brought forth mostly in a lighter vein; Dr.

Mayer especially enlarging upon the terrible dangers from the bacteria and microbes which are encountered in thousands in the act of kissing. One would not think that Dr. Mayer is at all sentimental but he was touched by the Muse and talked with poetic fervor on the subject of kissing. This was especially interesting to Dr. West (who is single), but although he listened intently it was plain that he is not a timid man and was not at all frightened by the lurking dangers to be found on rosy lips. 'Tis regretted that the young people of Gulfport did not hear this talk of the untold misery and harm following osculatory performances. Gulfport is especially liable to this danger as the moonlight beach, the soft sea breezes and the murmuring waves all have a tendency to awaken various sentimental emotions.

Dr. Mayer was the guest of honor. He is lecturing to the laity all over the state on matters of public health, working under the supervision of the State Board of Health.

Another guest of the society was Dr. G. W. Giles, who is a bacteriologist in the government employ. He is with the pure food commission and is at present examining the oyster industry at Biloxi. Dr. Giles spoke of the bacteria-laden oysters and the gastronomic dangers to be encountered thereby. Dr. Folkes mentioned the danger of indigestion from a banquet. Thus it seems that all our pleasures lurk with hidden danger. Mr. Geo. Foote, the mayor of Gulfport, spoke of his appreciation at being a guest among such a learned company.

The toast master calling attention to the wisdom which emanates from bald heads, turned to Dr. Walter Rowan, who is lacking in the hair line, and called on him for words of wisdom. The doctor responded with a talk replete with suitable wise words, the exact meaning of which the writer could not catch as about that time he inadvertently got his glasses of champagne and wine mixed, one liquid was red and the other white, but he could not tell which was which, so to make sure he drank both. But this only increased his feeling of uncertainty and he could then not tell which was red and which was white. besides he was amazed to see four glasses instead of two. It must be noted that some of the doctors were tetotallers and dared not look upon the red wine.

The joyful occasion came to a close about midnight and your scribe uncertainly wended his way home vainly trying to recall some of the words of wit and wisdom which resounded in the banquet hall. This feeling of uncertainty is terrible, especially when you are alone and undecided as to the direction of home.

Scott County Medical Society has elected the following officers for 1909: President, J. M. Townsend, Harpersville; Vice-President, W. H. Pevey, Forrest; Secretary-Treasurer, J. J. Haralson, Forrest; Delegate, W. H. Pevey, Forrest.

Tri-County (Pike, Lincoln, Copiah) Medical Society has elected the following officers for 1909: President, Geo. Baskervill, Winona; Vice-Presidents, J. O. Ringold, Vaiden; L. W. Finch, Eupora, T. R. Trotter, Winona; Secretary-Treasurer, J. W. Barksdale, Vaiden.

Wilkinson County Medical Society has the following officers for the present year: L. W. Magruder, Woodville, President; C. E. Catchings, Woodville, Vice-President; W. I. Marsalis, Centreville, Secretary-Treasurer; R. L. Hagaman, Centreville, Delegate.

Medical Department University of Mississippi.

With the 1909-10 session the University of Mississippi will begin to offer its students the third and fourth years of the medical course, granting the M. D. degree at their completion. The work in these two years will be done at Vicksburg in connection with the University Hospital, a well-equipped institution of about one hundred and fifty beds, adjoining which the buildings of the department, for which contracts are being let, will be situated.

The following faculty has been appointed: Theory and Practice of Medicine, Dr. H. H. Haralson; Surgery and Gynecology, Dr. B. B. Martin; Obstetrics and Pediatrics, Dr. E. F. Howard; Therapeutics and Clinical Medicine, Dr. S. Myers; Operative and Clinic Surgery. Dr. S. W. Johnston. A chair in Pathology will be filled later. As assistants in the abovementioned branches and clinical instructors there will be Drs. J. A. K. Birchett,, H. F. Sproles Jr., J. S. Ewing, V. Bonelli, M. H. Bell, J. H. Fox, Austin and others not yet selected.

It will be the endeavor of the newly appointed members of the faculty to keep up the high standard set by those professors already teaching the fundamental branches at the University and to help put the Medical Department of the University of Mississippi on an even higher plane than that which it now occupies.

Personals.

Dr. (?) Abraham Lewenthal of Fayette, a druggist, formerly of Brookhaven, was indicted by the grand jury in February for illegal practice of medicine. His trial is arranged for the August term of court.

Dr. Chas. W. Patterson has moved from Red Lick to Rosedale.

Dr. Jas. Beck has left Rodney, returning to his old home in the country.

Dr. Jno. G. Lilly of Natchez, for some time surgeon of the Natchez Hospital, is now living at St. Joseph, La.

Dr. Fred. Mayer, lecturer for the State Board of Health, was at Gulfport and incidentally attended a banquet of the Harrison County Society, Feb. 9th. It is interesting to note that while Dr. Mayer objected to a statement of the Secretary of the State Medical Association, made at Brookhaven, that the best way to get members to a meeting is to feed them, yet he has a way of making his dates for lectures fit with banquets.

Dr. G. W. Giles of the government service, connected with the pure food commission, is investigating the oysters of Biloxi, now the largest oyster centre in the world.

Drs. R. W. Strong and J. E. Fitch are two new additions to the medical faculty of Pass Christian.

Book Reviews.

"**ORTHOPEDIC SURGERY FOR PRACTITIONERS**" by Henry Ling Taylor M.D., Professor of Orthopedic Surgery and attending Orthopedic Surgeon, New York Post-Graduate Medical School and Hospital, Assistant Surgeon Hospital for the Ruptured and Crippled, New York. D. Appleton & Co., New York.

In this book a special effort has been made to present such methods as are at the command of an intelligent practitioner, and to eliminate useless matter. The work is divided into general, special and technical parts, and when one considers the large number of congenital, postural, traumatic, paralytic, rachitic and other deformities in children and adults, it will be seen that they comprise no inconsiderable part of the material which is presented to the practicing physician in the ordinary course of his work. This book has two hundred and fifty-four illustrations, and it is not overstated to say that as much pains has been taken with the illustrations as with the text. With few exceptions the subjects were selected, posed

and photographed by the author especially for this volume. The thorough way in which the book is gotten up, and with the long list of literature that has been consulted during the author's work, makes it a most valuable reference book.

MARTIN.

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEY. By Robert H. Greene M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks M.D., Assistant Professor of Clinical Medicine, University and Bellevue Hospital Medical School. Octavo of 605 pages, profusely illustrated. W. B. Saunders Company, Philadelphia. Cloth; $5.00 net; Half Morocco, $6.50 net.

This is the second edition of this book in the past twelve months. Several new operative procedures are presented and new methods which have appeared in recent literature and seem to be of definite value have been incorporated. Many minor corrections and illustrations have also been made. The general practitioner is coming more and more to the conclusion that genito-urinary diseases need more careful attention than they generally get, and will find this work of the greatest aid in his every-day practice. The time comes, of course, when many of these cases must be referred to the surgeon. Some of them are never anything but purely surgical caseas. But there are numbers of them that the practitioner can treat as well as the specialist. The larger amount of space has been devoted to the urinary organs proper and relatively little has been said of purely sexual disorders. There are three hundred and twenty-three excellent illustrations.

MARTIN.

THE PROPAGANDA FOR REFORM IN PROPRIETARY MEDICINES. Issued by the American Medical Association.

This spicy little volume has probably caused more comment than any other medical work in the English language. It has been discussed and cussed and re-cussed until there can hardly be a physician in the country who has not heard of it. Much of the analytical parts is far beyond the ken of the average doctor but no one can fail to be impressed by the trenchant style in which it is written nor to be benefited by the truths that it contains. We have not been informed as to the price but it comes in either cloth or paper so cannot be expensive, and some of the articles, from the standpoint of entertainment alone, are worth the price of a seat at a first-class comedy.

HOWARD.

SEVEN HUNDRED SURGICAL SUGGESTIONS, Practical Brevities in Diagnosis and Treatment, published by Walter M. Brickner B. S., M. D., Assistant Adjunct Surgeon Mt. Sinai Hospital, Editor-in-Chief American Journal of Surgery, New York. Price $1.00.

After very carefully reading over a great many of the seven hundred suggestions one wonders why the author should not have made seven thousand or seventy. It is true that the suggestions each have some merit, but the book is not fit for the student or general practitioner. MARTIN.

A TEXT-BOOK OF GENERAL BACTERIOLOGY. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. W. B. Saunders Co., Philadelphia.

The etiology of the different diseases met by the general practitioner plays an important part in the correct interpretation of conditions met, and in order to appreciate fully the relations existing between cause and effect a knowledge of bacteriology is essential. Dr. Jordan furnishes the profession a book that is suitable for this purpose, giving the essentials without unnecessary detail. There are several points especially noticeable: first, the arrangement of chapters—each a separate treatise of the subject; second, the foot note references direct you to more elaborate literature should you care for further investigation. SPROLES.

INTERNATIONAL CLINICS. Volume IV. Eighteenth Series. 1908. Edited by W. T. Longcope M.D., Philadelphia, U. S. A. Published by J. B. Lippincott Company, Philadelphia. Price $2.00.

Again, we welcome this sterling quarterly between whose covers there is usually found such excellent reading matter. The present volume is no exception to the rule, and it would be difficult to pick out from its two dozen articles any one for special mention. Of especial interest to Southern medical men is the article by Wm. Deaderick of Mariana, Ark., on "The Etiology And Treatment Of Pernicious Malaria", which should be read by all who come in contact with this most dangerous variety of malarial infection. The article by Joseph Pratt, "The Advance Of Physical Therapeutics", is full of thought and makes one long to be one of those happy doctors who have at their command such beneficial therapeutic measures. "Personal Observations On Bier's Hyperaemia", by Geo. W. Ely, is a timely and well considered article, while the essay by Mark Brown on "The Role Of Insects In The Transmission Of Disease", while containing nothing new or startling, is a good resume of the present day knowledge of this most fascinating subject. This volume is well up to the mark of its predecessors and contains matter that may be read and re-read with profit.

MYERS.

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*COLLES' FRACTURE.

J. T. WALKER M.D.,

BROOKHAVEN.

Fracture through the cancellous expansion of the lower end of the radius is the most frequent of all fractures. The line of fracture is in general transverse, and within one inch of the articular surface, being usually nearer the anterior margin of the articular surface and running obliquely upward onto the dorsal aspect of the bone, at a distance varying from one-fourth to one inch above the posterior lip. In very exceptional instances the posterior lip or rim is split off. The styloid process is also occasionally broken off, or when the violence of the fall is great the bone may be split in its long axis by the first impact of the carpus, and afterward transversely fractured by the forced extension and strain on the anterior ligaments. Though a fall on the back of the hand has been known to produce a transverse fracture of the cancellous expansion of the carpal end of the radius in a few instances, in the vast majority of cases the force is first received upon the palmar aspect of the fingers and the palm, with the hand in forced extension.

The mechanism of this lesion is this: in the act of falling, the hand is thrown out, and the force of the fall is received first upon the palm and chiefly upon the anterior extremity of the metacarpus, whence it is transmitted backward to the carpus and to the anterior radio-carpal ligaments. As the extension is continued the strain on this ligament is increased until the bone begins to yield on its anterior aspect, close to and parallel with the radial attachment of the ligament, and as the force is continued the line of fracture travels upward and backward. The same force which produces the fracture by forced extension and impact of the body will, if continued, produce the usual displacement, causing the lower fragment to ride backward upon the upper, and frequently causing im-

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

paction of the compact posterior rim of the upper into the spongy substance of the lower fragment.

The diagnosis is not difficult. The "silver fork" deformity, the history of the accident and the pain at the seat of lesion, point to the character of the fracture. When backward displacement occurs it will be recognized by palpation. Crepitus may or may not be elicited. The hand is directed to the radial side, and the styloid process is usually prominent.

Treatment. When after careful examination there is found any degree of displacement of the lower fragment, upward and backward upon the upper, proceed as follows: with the back of the patient's hand turned upward, the operator with one hand grasps the fore arm in such a way that, while the radius is firmly held, the thumb is immediately above the line of fracture. With the other the hand of the patient is grasped so that the surgeon's thumb (or index finger, if preferred) presses firmly upon the back of the lower fragment. The hand is now carried strongly back toward the dorsal aspect of the radius (forced and extreme extension), and while in this position the lower fragment becomes unlocked and may be pushed into place by the thumb, while at the same time the hand, under strong extension, is carried into the straight position. If this maneuver fails it should be repeated, and under ether if there is great pain or muscular resistance. Too much stress can not be laid upon this. The cause of so much deformity after this accident is in many cases due to imperfect reposition. If no displacement exists, extension or the employment of any force is contra-indicated. In aged patients who have considerable impaction, it is not advisable to break up the impaction, but deformity and impaired usefulness should be prognosticated.

When proper reduction is obtained, any dressing that keeps the parts at rest will secure good results. With some physicians the modified Pilcher's dressing is very popular and the results have been very satisfactory. In all ordinary Colles' fractures the proper use of the pistol-shaped wooden splint affords a practical and convenient dressing. This splint, after being well and carefully padded, is placed along the outer side of the arm, reaching from the elbow to the articulation of the phalanges. Gentle extension should then be made, and the hand bent to the ulnar side, giving a considerable declination by raising the straight portion of the splint to the horizontal position so as to make it lie against the back of the forearm, and held there, while another straight, extending from the elbow to the lower end of the upper fragment, is placed on the inner side

of the forearm. Both splints should then be fixed by means of a roller, care being taken to have the inner splint well padded along the radial border, so as to counteract the tendency of pronation of this part of the bone. The arm must then be placed in a sling. The pistol-splint should be worn for two or three weeks. At the end of this time a gauntlet of gutta-percha, or other plastic material, may be moulded to the wrist and worn instead of the splint. All apparatus should be discontinued at the end of five weeks in the adult, a week or two earlier in children. When the fracture is impacted, little if any deformity can be produced; when it is mobile, it may usually be brought into a good position. After the first week it is well, especially in elderly people, to have the fingers free, and to encourage movement in them, lest that painful stiffness result which is so common a sequel of the accident.

Passive motion of the wrist-joint may, however, often be commenced, with great advantage to the patient, before the union of the fracture, more particularly when it is impacted. If the hand and fingers be kept fixed on the splint until the fracture is fully united, very troublesome and painful stiffness will result.

It is frequently three months before this stiffness of the hand and wrist is so far diminished, even by the use of friction and douches, as to enable the patient to use the fingers, the stiffness of the wrist often being due to the extension of a fissure into the joint.

It sometimes happens that we have Colles' fracture in both arms at the same time, constituting a somewhat serious condition inasmuch as the patient is not able to feed or assist himself in any way during the treatment.

Gordon's, Nelaton's and Carr's splints seem to justly have many advocates, but the simple one above mentioned, viz., pistol-shaped wooden splint, will answer the purpose in most all cases, if properly applied.

In fractures of this kind, when compound, lose no part of the bone if possible, and whatever splints may be used, secure fixation, rest and good drainage, under strict antiseptic precautions.

The Tri-County (Pike, Lincoln, Copiah) Medical Society has gotten out an attractive folder giving the programs for the year's meetings. Any member who has failed to receive a copy may get one by applying to the secretary, Dr. D. W. Jones of Brookhaven.

*THE TREATMENT OF COMPOUND FRACTURES.

C. H. RICE M.D.,

SUMMIT.

The treatment of compound fractures is a branch of major surgery that often falls into the hands of the country practitioner and taxes his skill and resources to their utmost in his efforts to obtain good results.

The surgical rules governing the treatment of such fractures, we all know. They were drummed into our heads at college and were asked us by the state board. To disobey or fail to carry out any one of these surgical laws is apt to leave the patient seriously crippled and the reputation of his doctor considerably damaged.

The first rule to be observed is asepsis. It is often necessary to put the patient under a general anesthetic to get the wound properly cleansed. If covered with machinery grease, this can usually be easily removed with sweet oil or turpentine and alcohol. The surface of the limb about the wound should be shaved and washed and especial care taken to remove every possible source of infection in the wound itself in the way of blood clots, bruised tissue and loose splinters of bone. Proper drainage must be supplied though in some clean cases the cutaneous wound can be sutured without drainage, as the main indication is to secure early repair of the flesh wound before attempting to obtain osseous union.

It was formerly the custom to irrigate all such wounds with some antiseptic solution, but I believe it is better surgery not to use any antiseptic whatever and dress the wound with plain sterile gauze. The use of antiseptics undoubtedly damages the tissue cells and impairs their natural resistance, thus actually producing more suppuration than would otherwise occur.

Not infrequently the question arises as to whether or not a limb should be amputated or a joint excised. This must be decided by the extent of the injury and the probable usefulness of the limb if saved. If there be any doubt, it is better to give the patient the benefit of that doubt and let him prove whether or not the limb must be sacrificed.

Should suppuration follow, the limb must be placed in a splint that will permit the removal of the dressing with the least possible disturbance of the fragments.

We now come to the consideration of reduction and the means employed to maintain the reduction. It is not often wise

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to attempt to reduce a compound fracture until the flesh wound is healed. Many splints and appliances, too numerous to mention, have been devised to immobilize the fractures of the limbs, but they are of very little concern to us country doctors. We usually get a saw and hatchet and make our own splints and, sometimes, we get most astonishing results. Sometimes the results are so astonishing that we keep them a secret and are very sensitive when questioned by a fellow practitioner.

It is a very anxious moment in our lives when we loosen a leg that has been strapped to a plank for a month. There is always an element of uncertainty that takes the starch out of our bold confidence and we actually breathe a sigh of relief to find that the leg has, at least, not sloughed off.

I believe that the plaster of Paris makes the best splint for fractures of the lower limbs. We always have this at hand and can probably get better results than by attempting to employ some special appliance with which we are unfamiliar. For the upper extremities, it is better to use tin or thin wood strips on account of their lightness. However, a light plaster cast can often be used to advantage during the first week or two. Many of us do not know how to apply a plaster cast, which often accounts for the poor results obtained. The most common error is in applying it too tightly, thereby constricting the circulation and seriously interfering with callus formation. Oftentimes, too, the patient complains so much of the pain that it has to be removed and a less suitable splint substituted.

Great pains should always be taken to place plenty of padding around the heel and knee and to get the proper degree of snugness, for therein lies the secret of a well-fitting and comfortable plaster cast.

Unfortunately, there is sometimes much after-treatment. We will not consider the cases of vicious union, for when a patient discovers that we have provided him with a crooked or deformed limb he promptly goes to another doctor and that doctor usually lives in New Orleans.

The cases of delayed union are best treated with made-to-order leather or celluloid jackets with a hinge joint to allow flexion of the knee or elbow without disturbing the fragments. A limb can be taken out of such a splint two or three times a week and gently massaged to stimulate the production of callus.

The results from any treatment of compound fractures are uncertain and I will venture the assertion that every member present has, among his patients, someone in whose arm or leg he succeeded in erecting to himself an osseous monument that has long since become an eye-sore and of which he never boasts before a gathering of fellow-practitioners.

*PUERPERAL INFECTIONS.

O. N. ARRINGTON MD.,

BROOKHAVEN.

The historical feature of this subject is one that is very interesting. We do not know just when puerperal infection first occurs, but if we were permitted to speculate on the matter, we should place the assistance rendered—such as digital examination for determination of presentation and position, application of the forceps, etc.—and infections coincident. This is not intended by any means to condemn the modern artificial methods to assist obstetrical deliveries, but to call attention to the matter of prevention. The above facts refer to predisposing causes. The exciting cause is the entrance or inoculation of bacteria through wounds of abrasion, denudation or laceration of some part of the genital tract during or following child-birth. This brings us to the matter of classification. To simplify, as in all surgical infections we have:

First: an invasion of living tissue by a group of organisms known as parasitic bacteria. The principal group we are concerned about in this division is the pyogenic group, or pus germs, the representatives of which are the streptococci, staphylococci and gonococci. We find also the bacillus coli communis, the bacillus diphtheriae, the bacillus aerogenes capsulatus and the bacillus typhosus, occupy some prominence in the bacteriological findings of puerperal infections. As to the matter of autogenic infections we have no safe and certain positions as yet to take, since men of such broad experience have differed on that subject.

Second: the saprophytic infections or the invasions of sloughing or dead tissue by saphrophytic organisms, giving rise to the infections known as sapremia and septicaemia. The first of these means an absorption by the blood of the ptomaines from saphrophytic bacteria; the latter means that in addition to the absorption of the ptomaines, the blood absorbs the bacteria themselves.

Third: pyemia is an infection in which the blood absorbs pus from the wound or wounds, and produces metastatic abscesses at different localities of the body.

Fourth: phlegmasia alba dolens, or milk leg, which may be considered as a class of puerperal infections, in-as-much as it takes a peculiar clinical course. It may be due to a partial occlusion of the venous circulation in the lower extremities.

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or by thrombosis producing a passing hyperaemia; or it may be due to a pelvic inflammation, the latter of which we believe to be a distinctly different condition from the former. Third and fourth might very logically be classed as one head under number one, since they are parasitic in their nature.

Of course, the above are only four out of a thousand classifications that might be made of this subject. Truly almost every infection, with the multi-million of bacteria to consider, must be almost, if not quite, peculiar to itself. This difference gives us the extensive clinical variety, which is enough to arouse our curiosity, if we but remember that any single infection may be supplemented by some other—causing mixed infection. If we might hope that some day bacteriologists might become expert enough to tell in a reasonably short time the particular species of organisms causing the infection, and if we had serum for all these infections, it would be necessary to study and to know all the species of bacteria. The pyogenic infections—parasitic in nature—are fought and allayed in large measure by the white blood cells. As these infections attack the living tissue, the white blood cells at once entangle the organism, and as a cell thus engaged may lose its vitality, it is eliminated, as pus is thrown off and escapes from the body, leaving only such of its toxins for absorption as escape the power of the white blood-cells. Some of these organisms may escape the bactericidal powers of the white cells and so propagate the species. This constant drain upon the animal organism for more cells to take the place of those lost in the fight of the infection will finally wear out and consume the source of supply. This exhaustion, however, is only one of many things that may result from a pyogenic infection. During labor we have a detachment of the placenta from the inner surface of the uterus, leaving as a result a large open wound, even if we had no other traumatism during labor. If we could conceive of a labor's taking place leaving no other traumatism, denudation or laceration than the placental detachment, and this labor begun and completed by nature's own methods without instrumentation, or insertion of hands, carrying poisonous germs, we should have the most ideal prospects of a physiological puerperium. But aside from the placental and membrane attachments we rarely, if ever, escape lacerations of the cervix, and in primiperae lacerations of the perinaeum—and lacerations of the perinaeum often occur in multiparae—we see therefore the multiple sources for infection by the pyogenic organisms. If it were not for the fact that nature is giving a constant aseptic saline douche by outward elimination of the lochial discharge from

above, and this reinforced by the antiseptic vaginal secretion, we should not long have our doubting Thomases in aseptic and antiseptic obstetric surgery.

Often, however, the infection is of such a virulent, or quantitative nature as to overpower the resistance of the animal organism. When this occurs against such odds we should not be made to wonder at the tenacity and gravity of puerperal infections. When once the female genital tract is infected, the course pursued, the pain inflicted, the doctors required and the comparative little that can be done is as constant a menace as we can conceive of. The infection may end in a vaginitis, or it may extend to the uterus, producing an endometritis or a metritis, or it may extend to the tubes and ovaries, producing salpingitis, pyosalpinx, ovaritis, or it may spread to the peritoneal cavity, producing a peritonitis. The method of spreading, whether by continuity of mucous or serous membrane, by contiguity of tissue or by the blood and lymph streams are sources of contention among the authorities, but as clinicians this matter does not so much concern us, since we do know that infections do spread in some one or more of these ways.

The saphrophytic infections are likewise produced by external contamination, for surely saprophytic bacteria could not have lived in a normal healthy uterus without something of putrefactive nature to exist upon, but it is as essential for these two factors to exist as it is for the pyogenic germs and the wound to exist in pyogenic infection. With the saprophytic infection we have a very different proposition from that of the pyogenic to deal with. In the first place, it occurs to us that they are, as a rule, more rapid and for the time being more virulent and more transient. More rapid and more virulent because of their more limited qualities to feed upon, as a rule, the pyogenic germs only being limited by their consumption of all the blood or their annihilation by the phagocytic power of the leukocytes.

It seems to us that the treatment of puerperal infection resolves itself into no one routine. Our constant effort should be to prevent its occurrence, since we, our environment, or the nurse are always at fault for its occurrence. The utmost effort should be made in the proper preparation of the patient when labor begins. It is a great deal of trouble to take these proper precautionary measures unless we have every facility. In private practice we do not have a nurse often enough to consider her duties. Thus hampered, we are left to the embarrassing duties of giving the patient a bath, an enema, changing the clothes and putting clean linen on the bed. All these things

are essential, and yet how awkward it is for the physician to give a suffering woman a clean bath, ask her to put on a clean gown and then ask her to have a clean linen put on the bed. We often receive the accusation from the house-keeper in such a routine that we are impeaching her personal cleanliness, but anyhow we must have as much of it done as we can, and what we can't get done do ourselves, for obstetrical delivery is a major operation and requires all the precaution that the amputation of an arm or a leg requires. After we have made all of the aseptic precautions we may reinforce our precautionary measures by the use of antiseptics. All instruments should be boiled if possible. If for any reason this is not practical place them in pure alcohol or strong bichloride solution. This latter corrodes instruments, but better corrode the instrument than infect the woman. Alcohol is preferable, but it is costly, and we always have the bichloride tablets with us, and they are reasonably cheap. Perhaps the most favorable time for infection is during the third stage of labor. In delivering the placenta we should do our utmost to accomplish it without inserting the hand. If we should insert the hand do not do it until we have thoroubhly washed with soap and water, then with bichloride or antiseptic solution. It is also a good precautionary measure to sponge off the vulva with a strong bichloride solution before every examination and insertion of the hand or fingers—always sponging from above downward in order to prevent carrying colonic bacilli from the anus to the genital tract. This we believe to be the most common of the infections that give the offensive odor to the discharge. Remembering that puerperal infection is a wound infection and, too, that wounds of the vagina and perineum heal very readily as a rule, it seems that we could do much in the way of prevention by repairing such wounds immediately. By closing vaginal or perineal wounds with a few sutures we reduce to a minimum the possibility of later infection by the nurse. Aside from this, if let alone, as a result of such tears we may have an atonic condition of these parts leading to such conditions as downward and backward displacements with all their sequelae. This may be of sufficient gravity as to necessitate an operation if let alone. Aside from these disadvantages it has subjected the patient to much suffering and brings to her mind all the horrors of an operation later.

The curative treatment of puerperal infections consists in removing the cause, if possible, and sustaining the nutrition. We can have no routine that will apply in every case. If we are in doubt as to the complete delivery of all the membranes

and placenta, it is a good plan to bring down the cervix and under aseptic precautions explore with the finger, removing any retained clot, placenta, or membrane; then irrigate the uterus thoroughly with saline solution. Curettage with a dull curette is recommended by some and condemned by others. We occasionally see suspected cases yield to the quinine treatment at once, but when it does it is caused by our old friend of the South, malaria. We cannot conceive of wound infection yielding to therapeutic medication. After we have removed any causative agent from the uterus, all we can do is to nourish and stimulate.

*MEMBRANOUS LARYNGITIS: REPORT OF CASES.

W. H. RAMSAY M.D.,

DARBUN.

Perhaps a better title for this paper would be "Laryngeal Diphtheria", as we are now taught to regard inflammations of the throat accompanied by the formation of a false membrane, as diphtheria, in the absence of bacteriological examination.

This disease occurs most often in humid winter weather. Exposure to cold and damp atmosphere seems to be a strong etiological factor.

Its onset is usually slow. The child is fretful, has a hoarse cough and increased temperature for one to three days before the disease is recognized. In fact, I have never seen a case until respiratory symptoms were present.

As the disease develops, the temperature ascends, and simultaneously the respiration becomes more and more obstructed. The child's face becomes anxious, pulse rapid, deglutition difficult—the child hesitating to swallow by fear of suffocation. The patient becomes more and more restless, tossing from one attendant to another, until finally in from one to three days, according to the severity of the attack, the clinical picture advances to one of extreme anxiousness—all the accessory muscles of respiration are brought into activity. The face becomes extremely anxious. The tongue protrudes with each respiratory effort. The child claws at its mouth and throat in its effort to get more air into the lungs.

Soon cyanosis develops and without prompt surgical measures death relieves the little sufferer.

Such is usually the course of this disease in the absence of a prompt diagnosis, and proper treatment.

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

Membranous laryngitis is to be differentiated from all conditions which cause dyspnoea or stenosis of the larynx. The diagnosis is not difficult, however, when there are present temperature, hoarseness, increasing dyspnoea and the membrane.

Before the time of antitoxin this was one of the most fatal of diseases, but surgical measures and antidiphtheritic serum have greatly reduced the mortality.

We are now urged by most authorities not to wait for bacteriological examination, but to give antitoxin at once. Holt says: "Nowhere else are the beneficial effects from antitoxin so evident and as striking as in these cases."

A child two years of age should have two thousand or three thousand units as early as the disease is recognized, and this dose should be repeated in twelve or eighteen hours if no satisfactory result is seen.

Aside from anti-toxin the patient should have mercury in full doses, and local antiseptic treatment, although I do not think much benefit is being derived from the latter.

I shall report two cases as follows:

Case I. On Feb. 8th. 1905 called to see child two years of age—female. Had been hoarse for two or three days. Had had light fever and was fretful and restless at night. Symptoms: dyspnoea marked; temperature 102½° F.; pulse rapid; skin dry; examination of throat revealed presence of membrane. Diagnosis: membranous laryngitis.

At once I gave a full dose of mercury and resorted to calomel fumigation. A runner was dispatched for antitoxin, but none was to be had at near-by drug stores. The child's breathing grew rapidly worse, its temperature higher, and with the development of cyanosis, with the absence of an intubation set, I offered to do tracheotomy, but was opposed by the parents. The result, of course, was death in a short time.

Case II. On Jan. 15th. 1908 I was called to see a child aged two years—female. Had had cough, slight fever and hoarseness for twenty-four or forty-eight hours. Restless and fretful. Symptoms: dyspnoea, not very marked; temperature 101 3-5° F.; pulse 120; secretions scant. Examination revealed membrane. Diagnosis: membranous laryngitis.

Full doses of mercury were given and calomel fumigation resorted to. I had to return to my office for antitoxin, and on my return four hours later found all symptoms much increased. There was a loud stridor with each inspiration. The temperature had reached 103½°; pulse too rapid to count.

After cleansing the buttock and mopping with alcohol, I

injected three thousand units of antitoxin deep into the gluteal muscles and called Dr. C. C. Thompson of Columbia with a view of surgical measures. However, before his arrival, six hours later, the temperature began to drop; pulse and respiration improved. On the following morning improvement was marked. Temperature 100 2-5°; pulse 108. Only slight dyspnoea. At this visit I gave two thousand units more anti-toxin and left feeling confident of the patient's recovery. On the afternoon of the same day I had a message stating that the child was worse and thinking possibly my antitoxin was the cause I hurried to the patient. Dyspnoea had increased. Pulse rapid, temperature 101 3-5. Another dose of three thousand units was given at once. On the following morning I found the patient apparently well and giving no further trouble.

Although this child took eight thousand units of anti-toxin in about thirty hours, there were no noticeable untoward symptoms. There appeared on the abdomen and chest a few pink spots of the macular type, but these soon faded away.

Mississippi State Medical Association.

PRELIMINARY PROGRAM.

YELLOW FEVER AND ITS PREVENTION.....*Fred. J. Mayer M. D., Lecturer on Hygiene for the State Board of Health.*

SECTION ON NERVOUS AND MENTAL DISEASES:
—Nolan Stewart, Jackson, Chairman.

1. Prophylaxis of Insanity.....*J. M. Buchanan, Meridian.*
2. A Systematic Method Of Making A Diagnosis In Nervous Diseases.....*H. N. Street, Gloster.*
3. The Sane And The Insane Murderer.....*Jno. E. Davis, Columbus.*
4. Criminal Irresponsibility.....*E. L. Green, Carpenter.*
5. The Nervous Reflexes And Complications Due To Pregnancy; Their Cause And Treatment.....*I. H. C. Cook, Hattiesburg.*
6. Disturbances Of The Organs Of Regeneration As A Causative Factor Of Insanity.....*A. A. Kennedy, Magee.*
7. Hereditary Syphilis As An Etiological Factor In Dementia Of Children.....*M. J. Ferguson, Jackson.*
8. Neurasthenia; Report Of A Very Rare Case.....
.....*W. W. Robertson, McComb City.*
9. Neurasthenia And Some Of Its Manifestations.....
.....*S. W. Purifoy, Yazoo City.*

10. Mental Disease The Paramount Cause Of Bright's Disease.....
.....*G. L. Harbour, Vossburg.*
11. Some Of The Nervous And Mental Derangements Of Alcoholics....
.....*A. J. Tullos, Raleigh.*
12. Insomnia.....*B. F. Duke, Scranton.*

SECTION ON SURGERY:—E. L. Robertson, Sunflower City, Chairman.

1. The Surgical Treatment Of Complete Prolapse Of The Uterus...
.....*J. Crisler, Jackson.*
2. The Surgical Diseases Of The Stomach....*Jno. Darrington, Yazoo City.*
3. The Importance Of Surgical Diagnoses.....*A. G. Payne, Greenville.*
4. The Surgical Advantage Of The Massey Method Of Treating Cancer.....*A. Granger, New Orleans.*
5. How I Felt When Dr. Crisler Removed My Appendix With Local Anesthesia.....——— *Dammeron, Jackson.*
6. Report Of A Case.....*W. W. Crawford, Hattiesburg.*
7. Intestinal Obstruction.....*D. P. Street, Vicksburg.*

SECTION ON PEDIATRICS:—J. T. Butler, Brookhaven, Chairman.

1. Rheumatism In Children.....*W. P. Patterson, Beauregard.*
Discussion to be opened by J. M. Catchings and R. E. Jones.
2. Hygiene And Prophylaxis In The Care Of Children.....
.....*O. N. Arrington, Brookhaven.*
Discussion to be opened by J. J. Wilson and A. E. Rowan.
3. Enuresis.....*J. T. Butler, Brookhaven.*
Discussion to be opened by J. C. Hall and Thos. Purser.

SECTION ON MATERIA MEDICA:—L. E. Pierce, Stovall, Chairman.

1. Use And Abuse Of The Nitrites.....*P. W. Rowland, Oxford.*
2. A Comparison Of The Physiological Action And Therapeutics Of Some Cardiac Stimulants.....*T. J. Longino, Jonestown.*
3 Some Reasons Why The Physician Should Give Preference To U. S. P. And N. F. Preparations.....*R. M. Boyd, Houston.*
4 Poisons.....*R. M. Sadler, Okolona.*
5. Water.....*S. E. Frierson, Lyon.*
6. The Uses And Abuses Of Medicine.....*W. W. Reynolds, Meridian.*
7. The Peculiar Action Of Some Drugs.....*L. L. Minor, Hollywood.*
8. The Need Of A Closer Study Of Materia Medica And Therapeutics.....*Jas. Bennett, Meridian.*
9. Castor Oil In The Treatment Of Neuralgia.....C. H. Rice, Summit.
10. A Few Conclusions Based On Experience With Veratrum.....
.....*G. S. Bryan, Amory.*
11. Veratrum Viride With Special Reference To The Negro Race.....
.....*L. E. Martin, Anguilla.*
12. Therapeutic Nihilism.....*A. E. Reed, Weir.*
13. The Use Of Hyoscine In Conjunction With Morphine In Daily Practice.....*H. L. Shannon, Itta Bena.*
14. The Hypodermic Use Of Quinine In Severe Malarial Infections..
.....*B. H. Booth, Drew.*

SECTION ON EYE, EAR NOSE, AND THROAT:
—F. L. Walton, Meridian, Chairman.

1. A Plea For The Proper Treatment Of The Cross-Eyed Child.....
.....*M. H. Bell, Vicksburg.*
2. Errors Of Refraction And Results To Be Expected From Their Correction.....*W. S. Sims, Jackson.*
3. The Relation Of The Specialist To The General Practitioner.....
.....*D. G. Mohler, Gulfport.*

Notices.

The secretaries of the county societies will meet in the Capitol at Jackson April 12th. at 3 P. M. for the purpose of effecting permanent organization.

Dr. S. H. McLean, Secretary of the State Board of Health, has called a meeting of the county and municipal health officers of Mississippi for April 12th. The meeting will be held in the capitol at Jackson during the morning and as this date immediately precedes the meeting of the State Medical Association it is anticipated that there will be a large attendance. All others who are interested in sanitation and hygiene will be welcome.

Personals.

Dr. W. D. Beacham of Topisaw has moved to Fernwood.

Dr. D. W. Jones of Fernwood has moved to Brookhaven, where he will be associated in practice with Dr. J. H. Johnson. Brookhaven is to be congratulated.

Dr. R. A. Anderson has been away from Gulfport for several weeks, being called to see his brother, Dr. C. M. Anderson, who is seriously ill with septic poisoning.

Dr. C. H. Edwards, an ear, eye and throat specialist of Gulfport, has gone to London, England, to attend the mother of a patient of his. This breaks the Gulfport record for long-distance calls.

Dr. W. F. Waugh of 1424 E. Ravenswood Park, Chicago, is collecting statistics on atropine as a hemostatic and will be glad to hear from anyone who has had experience with this remedy.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

It is now time that all of us are making our preparations to go to Jackson. The yearly meetings are our state frolics, our opportunities for meeting old friends and making new ones, our big post-graduate classes, but most of all the times when we lay our plans and get new ideas for the work of the coming year. The scientific program represents the work of the old officers, the legislative work the outline of our future endeavors. This year, in addition to the meeting of the Association proper, we have announcements of two other meetings—of the municipal and county health officers and of the county secretaries, the former to be held in the morning and the latter in the afternoon of the day preceding the meeting of the Association. A full attendance at both of these is desired and should be had, for there are many things pertaining to both in which Mississippi is sadly deficient. By this it is not meant that either the health department of the state or the Medical Association has been slack in the past but that we, to-day, building on the work of our predecessors, should go farther than they did, just as we, as physicians, go farther than did our predecessors in the practice of medicine, and that we are able to do it because of the work done by them.

As to the meeting of the Association, much will be accomplished. From the legislative standpoint the item of greatest interest will be the revision of the constitution and by-laws. This has already been discussed in these columns and doubtless most of the members are fairly familiar with the alterations proposed. President Gray evidently has some things "up his sleeve" in the way of suggestions, one of which, at least, is going to be a signal for a spirited contest in the house of delegates. The committee on legislation has some interesting material for discussion and, finally, if nothing else happens in the stated order of business, there will surely be some excitement started *ex tempore*, for there always is.

Society Proceedings.

Covington County Medical Society met at Mount Olive March 9th., there being a good attendance. More interest and enthusiasm were manifested than ever before and indications point to a the largest membership in the history of the society. Dr. Jno. S. McIntosh will represent the society in the House of Delegates of the State Association, Dr. H. F. Garrison being the alternate, and there will probably be a large attendance otherwise.

East Mississippi Four Counties Medical Society met at Okolona March 9th. at 2 P. M. In the absence of the president, Vice-President Sadler of Chickasaw occupied the chair. Drs. Dobbs, Rogers, Morgan, Miller and Donaldson were elected to membership. Dr. G. S. Bryan of Amory presented a paper on "Entero-Colitis In Children" which was enjoyed and discussed by all present. Delegates to the State Medical Association were chosen as follows: R. G. Dobbs, Lee County, M. A. Cowden, Alternate; W. M. Reed, Itawamba County, Jno. Stone, Alternate; L. C. Feemster, Monroe County, F. J. Underwood, Alternate. Election of censors resulted as follows: Bonner, one year; Wendel, two years; Miller, three years. It was decided to hold monthly meetings after April. The next meeting will be held in Aberdeen, Tuesday May 2nd.

Harrison County Medical Society met in regular session in Gulfport on March 9th. Dr. Lebaron reported an interesting case of obstruction of the bowels, the patient almost comatose when first seen. The doctor was uncertain as to the cause of the obstruction and in an examination found a thick fibrous adhesion a few inches in the rectum. This he tore through with his finger and he was suddenly bespattered with fecal matter which was spread freely all over the furniture. The fecal vomiting ceased immediately and the patient made a good recovery. Dr. Parker mentioned a case sixty-seven years old which had been operated upon in Memphis the year before but had suffered constantly ever since. Upon opening the abdomen he discovered that the previous operator had inadvertently stitched up the gut in sewing up the wound. She is doing well at present. Dr. Sheely told of a case of a new born babe. Everything all right, nothing abnormal about the child or the birth until thirty-six hours after, when the child had a fatal hemorrhage from the bowels. He was puzzled as to the cause.